

February 29, 2016

Ohio Development Service Agency

77 South High Street

Columbus, Ohio 43216-1001

Attention: Mr. Mike Hiler, Deputy Chief

Dear Mr. Hiler:

552 N. Park Avenue Warren, Ohio 44481

Fax: 330-394-7241
24/7 emergency & access

330-394-8831 800-522-0502

877-796-3555

Enclosed please find the information that was requested by Kimberly Alexander from the monitoring visit that she conducted at Coleman Professional Services on November 20, 2015.

All information requested has been provided or addressed.

If there are any questions, please contact me at 330-392-1104 or by email at tammy.weaver@colemanservices.org

Sincerely,

Tammy Weaver, M. Ed., L.P.C.

Vice President of Clinical Services

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FOLD AND BENOVE	7

FOLD AND REMOVE PERSONAL AND CHECK INFORMATION EARNINGS DESCRIPTION HRS/ RATE CURRENT (\$) YTD HRS/ YTD (S) UNITS UNITS STREETSBORO, OH 44241 REGULAR EARNING 53.30 9.0000 479.70 243.83 2194.47 Soc Sec #: XXX-XXXXX Employee ID: Hire Date: 06/29/14 HOURS WORKED 53.30 243.83 Status: 2194.47 ADJ EARNINGS 479.70 Filing Status: 243.83 **GROSS EARNINGS** 2194.47 53.30 479.70) Federal: Single, 1 State: OH, Single, 1 WITHHOLDINGS DESCRIPTION CURRENT (\$) YTD (S) Dept: 120 FEDERAL W/H 101.55 24.12 Pay Period: 08/23/14 to 09/05/14 136.06 OASDI 29.74 Check Date: 09/12/14 Check #: 104174 MEDICARE 6.96 31.82 **NET PAY ALLOCATIONS** STATE W/H OH 22.03 4.92 OH 0090-AUROR 9.59 43.88 DESCRIPTION CURRENT (\$) YTD (\$) 404.37 Check Amount 1859.13 335.34 TOTAL 75.33 **Net Pay** 404.37 1859.13

NET PAY

| CURRENT (\$) | YTD (\$)
| 404.37 | 1859.13

aychex, Inc. MARIOS BEAUTY SALON INC ■

ERSIN AT AND CHECK INFORMATION	W.				FOLD AND F	REMOVE 🇌
103487 MAN DRIVE STREETSBORO, OH 44241	EARNINGS	DESCRIPTION	HR RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
Soc Sec #: XXX-XX-XXXX Employee ID:		REGULAR EARNING	47.03 9.0000	423.27	290.86	2617.74
Hire Date: 06/29/14 Status: Filing Status: Federal: Single, 1		HOURS WORKED ADJ EARNINGS GROSS EARNINGS	47.03	423.27 423.27	290.86	2617.74 2617.74
State: OH, Single, 1 Dept: 120	WITHHOLDINGS	DESCRIPTION		CURRENT (\$)		YTD (\$)
Pay Period: 09/06/14 to 09/19/14 Check Date: 09/26/14 Check #: 104237 NET PAY ALLOCATIONS DESCRIPTION CURRENT (\$) YTD (\$ Check Amount 360.31 2219.44 Net Pay 360.31 2219.44		FEDERAL WIH OASDI MEDICARE STATE WIH OH OH 0090-AUROR		18.48 26.24 6.14 3.63 8.47 62.96		120.03 162.30 37.96 25.66 52.35 398.30

CURRENT (\$) YTD (\$)

360.31

2219.44

NET PAY

Payrolls by Paychex, Inc.
0447-W112 MARJOS BEAUTY SALON INC

Jan 2 Com m Soul

SELF-DECLARATION OF INCOME

Housing & Emergency Support Services, 705 Oakwood St. #106, Ravenna, OH 44266	
Applicant Name: 162094	
Applicant Name:	
U	
This is to certify the income status for the above named individual. Income includes but is not limited to:	
 The full amount of gross income earned before taxes and deductions. 	
• The net income earned from the operation of a business, i.e., total revenue minus business operating expenses.	
This also includes any withdrawals of cash from the business or profession for your personal use.	
 Monthly interest and dividend income credited to an applicant's bank account and available for use. 	
 The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and 	,
other similar types of periodic payments.	í.
 Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker 	
compensation.	S
Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and children.	
stamps, and childcare.	
• Alimony, child support and foster care payments received from organizations or from persons not residing in the	
dwelling.	
All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to	
hostile fire.	
Check only one box and complete only that section	
I certify, under penalty of perjury, that I currently receive the following income:	
Spurce:	
Source: Amount: Frequency:	
Source: Amount: Frequency: Source: Amount: Frequency:	
Source: Amount: Frequency: Source: Amount: Frequency: Source: Amount: Frequency:	
Source: Amount: Frequency:	
Source: Amount: Frequency:	
Amount:Frequency: Source: Amount:Frequency: Source: Amount:Frequency: Applicant Signature:Date:	
Source: Amount: Frequency:	
Applicant Signature: Date:	
Source: Amount: Frequency:	
Applicant Signature: Date: Continued by the partial of perjury, that I do not have any income from any source at this time.	
Applicant Signature: Date:	
Applicant Signature:	
Amount: Frequency:	
Amount: Frequency: Applicant Signature: Date: I certify, under penalty of perjury, that I do not have any income from any source at this time. Applicant Signature: Date:	e.
Amount: Frequency: Applicant Signature: Date: I certify, under penalty of perjury, that I do not have any income from any source at this time. Applicant Signature: Date:	e.
Applicant Signature:	e.
Amount: Frequency: Applicant Signature: Date: I certify, under penalty of perjury, that I do not have any income from any source at this time. Applicant Signature: Date:	e.
Amount: Frequency: Applicant Signature: Date: Certify, under penalty of perjury, that I do not have any income from any source at this time. Applicant Signature: Date: Date: Date:	e.
Applicant Signature:	e.
Amount: Frequency: Applicant Signature: Date: Certify, under penalty of perjury, that I do not have any income from any source at this time. Applicant Signature: Date: Date: Date:	e.
Applicant Signature:	e.
Applicant Signature:	e.
Applicant Signature:	e.

SAM & COMM SOLV.

SELF-DECLARATION OF INCOME

Housing & Emergency Support Services, 705 Oakwood St. #106, Ravenna, OH 44266

Applicant Name:	16240	<u> </u>	
 This also includes any withdread Monthly interest and dividented. The monthly payment amount other similar types of periodical Any monthly payments in lieut compensation. Monthly income from govern stamps, and childcare. Alimony, child support and for dwelling. All basic pay, special day and hostile fire. 	ome earned before tax the operation of a bust wavals of cash from the di income credited to a nt received from Social ic payments. u of earnings, such as u nment agencies excludi ester care payments recalled	es and deductions. siness, i.e., total revenue re business or profession for an applicant's bank account Security, annuities, retire unemployment, disability of ing amounts designated for ceived from organizations per of the Armed Forces ex	ninus business operating expenses. It your personal use. Int and available for use. It ment funds, pensions, disability and Compensation, SSI, SSDI, and worker's It shelter, and utilities, WIC, food It or from persons not residing in the It scluding special pay for exposure to
	Check only one box	and complete only that	section
Source:		Amount: Amount: Amount:	Frequency: Frequency: Frequency:
		Date.	
Applicant Signature:	perjury, that I do not	t have any income fromDate:	any source at this time.
Staff Verification I understand that third-party verification is verification.	erification is the pre only permitted wher	ferred method of certify I have attempted to bu	ying income for housing assistance. It cannot obtain third party
Documentation of attempt ma		rification: employment	
Staff Signature:	a To	Date:	9/25/14

Cheauga Domestic Vidence

Coleman Professional Services proposed to provide permanent supportive housing to 12 households during the period January 1, 2013 to December 31, 2014 and served 61 households during this period according to the HMIS data provided.

HCRP Rapid Rehousing and Housing Prevention

OCD staff reviewed ten homeless prevention client files and ten rapid re-housing files for consistence with HCRP guidelines. This included a review of completed assessment forms, documentation that the households at imminent risk of homelessness as well as income eligible as appropriate, and that a minimum level of assistance was provided. The files were also reviewed for other required documentation including leases, utility disconnect or evection notices, rent reasonableness calculations and habitability and lead-based paint inspections.

The file review confirmed that rapid-rehousing files contained documentation of homelessness and the homelessness prevention files contained documentation that funds were targeted to eligible individuals and families who "would be homelessness, but for this assistance." These included documentation that clients served by the program had an eviction notice and an assessment tool that included risk factors for homelessness was used. The homelessness prevention files contained income documentation demonstrating that the household was below 30 percent of Area Median Income (AMI).

HCRP guidelines state that grantees must "provide just enough (and no more) assistance to help a person stabilize their current housing situation or move to more stable housing." The case file review revealed that the agency determines the level of assistance provided based on an assessment of the household's resources and income.

Advisory #1

The OCD monitor noted that Coleman Professional Services partner agencies did not have all required documentation in the file as noted below:

- Family and Community Services client files for clients #103487, #162094 and #162405 were missing verification of income.
- Geauga Domestic Violence Shelter and Ashtabula County CHDO client files for clients / #3641 and #2005 (Geauga) and clients #164246; #165620, #163887, #163394, #109132 and #157950 (Ashtabula) need to include the HMIS/comparable data entry and exit dates.
- Catholic Charities Ashtabula agency needs to place the HMIS entry and exit dates in the
 client files for clients #15437, #139724, #4721, #154347, and #166023. It is also
 recommended the agency separate the 3-month recertification with a colored piece of paper
 or some other method along with all of the backup documentation to help demonstrate
 appropriate certifications were conducted.
- Lake County client files for clients and and add not include HMIS numbers, rent reasonableness and 3-month recertification. In addition, income verification should include review of more than one pay stub to verify annual income. When verifying wage documentation the number of checks to review will vary, but the sample must be large enough to determine the rate and frequency of pay. If the pay fluctuates significantly from check to check, the agency must review checks for the 3-month period of time prior to admission to the program to estimate income

Client # 164246 NoT ACCAA - rather logan County

Creauga Domestic Violence

Region 5 INTAKE / HMIS ENTRY FORM

INTAKED	ATE (mo/dy/year)		P	ROGRAN	ENT	Y DAT	Ę				COGTO	CATION CO	DE ATTIN	NE OF ENTRY
12/1	0/2014			121	101	20	14				10,80	S OH-507	Other	
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							,,							
SOCIAL SE	CURITY NUMBER	2			DATE	OF BII	RTH (e.g.,	0/23	/197B)		HMI	S CLIENT ID	# (Head of	Household)
		•			3	1/3	1/9	7	5	_]	/	6540	20	
YETERA	NS STATUS (HO	1)	, E	THNICITY	Y (HOI	1)				GE	NDER (HO	э н):		
DJd Not Willtary									Male			Transgende	red female	to male
□ Served in the US Military □ Hispanic / Latino				0			1	Fem	ale	מ	Transgende	red male to	female	
PRIMARY RACE (HOH) Check All That Apply								•	•	•				
America (Al/AN)	☐ American Indian or Alaskan Native ☐ Black / A						an (B)		Nath	ve / Hawi	alian/Othe	r Pacific Islan	der (NH)	
☐ Asian (A)		R	White (V	V)				Refi	used		Data Not Co	llected	
									L	·				
PLEASE LIS	T ADDITIONAL HO	OUSEHOL	D ME	BERS:	1	-	T	-		Т		T	T	1 1
N	AME	SOCIAL'S	ECURITY	NUMBER	l	оов	RELAT TO H HOUS	EAD O	IIP E D	(please	ACE(s) choose from olion above)	HISPANIC (YIN)	GENDER	SERVED IN THE US MILITARY (YIN)
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			-											
<u> </u>														
	D FOR HOUSEHO			VITH DIS	ABLIN				,		1			
NAME /A	-	CONDIT	ON			Duration Longer Months	Than 3	Live	airs Ab pende		Disabili	entation of ty & y on File?	Receiving Treatment disability	nt for this
1	□Physical □De					D Yes	□ Ño	ΠYε		□ No	□Yes	□No	□ Yes	□No
	□Alcohol & Drug			Abuse										
	□Physical □De	evelopmer	ital			□ Yes	□No	ΩÝe	18	□ No	D Yes	□ No	□ Yes	IQ No
	FTAlcohol & Drug			Ahira										

,DmV

TYPE OF LIVING SITUATION (plea	se note iflts	are living in di	ifferent liv	/ing situations)							
Emergency shelter, including to emergency shelter voucher			0	Psychiatric hospital or o	ther psyc	chiatric facility					
☐ Foster care home or foster car	e group home			Rental by client, no hou	sing subs	sidy					
☐ Hospital (Non-psychlatric)			D	Rental by ellent with other (Non VA) housing subsidy, i.e. Public Housing/Section 8							
☐ Hotel or motel paid for withou	emergency shel	ter voucher	D	☐ Rental by client, with GPD or TIP subsidy							
☐ Jail, prison or juvenile detentio	n facility			Rental by client with VA	housing	subsidy					
☐ Long-term care facility or nursi	ng home			Residential project or ha	liway hou	use With no hom	eless criteria				
□ Other HUD	<u> </u>		D	Safe Haven							
☐ Owned by client, no housing su	ibsidy.			Staying or living in a fam	lly memb	er's room, apar	tment or house				
Owned by client, with housing.	subsidy			Staying or living in a frien	nd's room	n, apartment or	house				
Permanent housing for formerly SHP, S+C, or SRO Mod Rehal	y homeless perso	ns (such as	П	Substance abuse treatm	ent facilit	y or detox cente	ar ⁻				
☐ Places not meant for human ha	bitation		150	Transitional housing for I	nomeless	persons includ	ing homeless yo				
		or the bills be	2100		Am	ARITAI	V Hou				
LENGTH OF STAY IN ABOVE SITUATION 1 day or less					·		out less than 1 y				
1 day or less 2 days to 1 week		☐ 1 to 3 mon			7	r or longer	· ·				
Answer for Each Adult (Homeless of	efines as literal	y homeless)	TIN	bino.							
Name:	1			ame:	7.11.						
Continually homeless for at least one	year? □Yes W	0.	C	onlinually homeless for a	it least on	ne year? □Yes	IZINO .				
How many times homeless in the past	3 years (include:	s this episode)?	Н	ow many times homeless	in the par	ast 3 years (incl	udes this episod				
	With the second of the first second	and the time.		/		مرائدة فيالما أرم	hamalaas in tha				
If 4 or more episodes, how many past 3 years? Number of Months	total months non	ieless in the	pa	If 4 or more episodes, ast 3 years? Number of N	now man		(intricicas tri-frie				
		S 11 11 12 15	11.		· .) ·					
How many months continually homeles entry? Number of Months Count one month for any length of tim			en	How many months continually homeless immediately prior to project entry? Number of Months (Count one month for any length of time during that month.)							
Does the participant have documentali Yes □ No	on of their home	essness status?	9	pes the participant have o Yes D No	locument	tation of their ho	melessness stal				
			- 1 14	*****	,						
Rapid Re-Housing Only:	Ores DNo	1 If Y	Yes, Date	of Move-Ip/(Month/Day/Y	gâr):						
THE STATE OF THE S			101	12/20/4							
Adults Only] ANY ADULT IN TH	E NOTICENOI F	CUPPENTIV	V RECEIV	YNG CASH INCOME F	ROM AN	ID SOURCE?	D VES A				
Addits Only ANT ADOLT IN TH	E NOUGENOLL				Com An		1				
Source	Amount	Recipient(s)) Sc	ource		Amount	Recipient(s)				
Alimony or other spousal support	\$		□ Sec	ial Security Income (SSI)):	\$					
Cash assistance/TANF	\$:		☐ Soc	ial Sec Disability Income	(SSDI)	\$					
Child support	\$		☐ Une	employment		\$					
Earned Income	-\$		□ VA	Service Connected Disat	ility	\$					
Pension from a former job	\$		☐ Vete	eran's Pension		\$					
Retirement from Social Security \$				☐ Worker's Compensation \$							
Private Disability Insurance \$				General Assistance \$							
Other Sources?	\$,		or Sources?		\$					
OTAL MONTHLY HOUSEHOLD INCO	OME \$ F			* income for a child	goes ur	nder the adult i	eceiving it*				

Dmv

[Adults Only] ANY ADULT IN T	HE JUSEHOLD CUF	RRENTLY RECEIVING NON (HINCOM	NE? NES INO
4 Source	Recipient(s)	Source	Recipient(s)
Food Stamps - Amount \$ 194	F	☐ TANF child care services	
b wic	.,,	☐ TANF transportation services	
Section 8, Public Housing, or other ongoing rental assistance		☐ Other TANF-funded services	
☐ Temporary rental assistance			
Other:		Other:	
[All Household Members] ANYON	E IN THE HOUSEHOLI	RECEIVING HEALTH INSURANCE?	YES I NO Recipient(s)
Medicald		☐ Employer-provided Health Insurance	
☐ Medicare	, , ,	☐ Health Insurance obtained through COBRA	
☐ State Children's Health Insurance Program (SCHIP)		☐ Private Pay Health Insurance	
☐ Veteran's Administration (VA) Medical Services		☐ State Health Insurance for Adults	
[Adults Only] INFO NEEDED FOR A	DULT MEMBERS EFFI	ECTED BY DOMESTIC VIOLENCE	-
NAME	EXTENT OF DOMESTIC		
	☐ Within past 3 mor		
	☐ Within the past 3-		
,	☐ Within past 3 mon		
r	☐ Within the past 3-6	months	

George Domestic Violence Region 5 HIVIS EXIT FORM ATEAD OF HOUSEHOLD CURRENT NAME (iirst middle, last name, suffix (e.g., Jr, Sr, III) PROGRAM EXA DATE **HMIS Number** REASON FOR LEAVING Completed program Non-compliance with program Criminal activity/violence Non-payment of rent Death Other: Disagreement with rules/persons Reached maximum time allowed Left for housing opp. Before completing program Unknown/Disappeared П. Needs could not be met DESTINATION AT EXIT Emergency shelter, including hotel or motel paid for with Psychiatric hospital or other psychiatric facility emergency shelter voucher Foster care home or foster care group home Rental by client, no housing subsidy Rental by client with other (Non VA) housing subsidy, i.e. Public ☐ Hospital (Non-psychiatric) D Housing/Section 8 Hotel or motel paid for without emergency shelter voucher Rental by client, with GPD or TIP subsidy. Jail, prison or juvenile detention facility D Rental by client with VA housing subsidy Long-term care facility or nursing home Residential project or halfway house with no homeless criteria

I	Owned by client, with housing su	ibsldy		☐ Staying or living in a friend's room	, apartment or he	ouse						
ב	Permanent housing for formerly (SHP, S+C, or SRO Mod Rehab)	homeless persons	(such as	☐ Substance abuse treatment facility or detox center								
	Places not meant for human hab	Itation		Transitional housing for homeless	persons includin	g homeless youths						
Ę	No Exit Interview		201									
[A	Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? YES INO											
_	Source	Amount.	Recipient(s)	Source	Amount	(Recipient(s)						
	Allmony or other epousal support	\$		Social Security Income (SSI)	\$							
	Cash assistance/TANF	\$		☐ Social Sec Disability Income (SSDI)	\$:							
	Child support	\$		☐ Unemployment	\$	-						
V	Earned Income	\$ 583		☐ VA Service Connected Disability	\$							
	Pension from a former job	\$		☐ Veteran's Pension	.\$							
Ò	Retirement from Social Security	\$		☐ Worker's Compensation	\$							
П	Private Disability Insurance	\$		☐ General Assistance	\$							
	Other Sources? Source	\$		Other Sources? Source	\$							

Safe Haven

Slaying or living in a family member's room, apartment or house

Other HUD

Owned by client, no housing subsidy

TOTAL MONTHLY HOUSEHOLD INCOME \$

Dmv

L	Adult	s Only]	ANY ADULT IN THE	HOUSEHOLD	CUF	REN	TLY I	RECEIVIN	IG NON C	ASH INC	OME?	LYES	□ NO
	, S	ource.		Pagintant/s)			Sou	irce			- /	Recipier	nt(s)
	-/1		mps - Amount \$ 194	T		O T	TANF child care services						
1	1	NC.	111			П T/	ANF to	ansportatio					
1	S	ection 8	Public Housing, or other			□ Ó	ther T	ANF-funde	d services				
(y rental assistance			:							
Ė		ther:					ther:		1 10 10 10 10				
<u>[A</u>	All Household Members IS ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? YES NO												
N	Me	dicald						Employe	r-provided I	Health Ins	urance		
H							_						
E		dicare					-				ough COBRA	4	· · · · · · · · · · · · · · · · · · ·
F	I Sta	te Child	ren's Health Insurance Program	(SCHIP)					Pay Health I				
	l Vet	eran's A	dministration (VA) Medical Sen	rices			Ö	State He	alth İnsuran	ce for Ad	ults	1	
DISABILITY INFORMATION:					Lor	Duration Impairs Ability to Documentation of Receivin Longer Than 3 Live Disability & Treatme Months Independently Severity on File? disability					ent for this		
-	1		□Physical □Developmental		DY		□ No	☐ Yes	□ No	☐ Yes	Ø No	D Yes	D No
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	M	A	□Alcohol & Drug Abuse □I										
			□Physical □Developmental		ПY	es	□ No	ДYes	□ No	☐ Yes	□ No	□ Yes	□ No
			☐Mental Health ☐HIV/AIDS										
	,		□Alcohol & Drug Abuse □L	rug Abuse				<u> </u>		<u> </u>			
PRI	:VEN	TION-1	lousing Assessment at E	rit				**					7
V	7		itain housing they had at project		T	OIN	loved	in with fam	ily/friends o	n a tempo	rary basis		
F	N.		ut a subsidy						lly/friends o				
	后		ubsidy they had at project entry	/							g facility/prog	gram	
			in on-going subsidy acquired si			пС		oecame ho			elter or other		for
		Only	vith filmancial assistance other II	ian a subsidy	1	0	lient w	ent to jail /	prison				
	Move	ed to ne	w housing unit		T	C	llent is	deceased					
-		With a	n ongoing subsidy.				Client refused to answer						
		Withou	it an ongoing subsidy		j	i cı	llent d	oesn't knov	У		Data not so	ollected	

Greauga Domestic Violence

REGION 5 HN	IIS Data: IN	TA /EN	TRY FORM		(
INTAKE DATE (e.g., 05	6/24/2010)	0/4	7	PROGRAM	ENTRY DATE	2/1	201	9				
MONTH DA	Y YE	EAR		MONTH	DA	Ϋ́	YEAR					
	HEAD OF HO	USEHOLD C	URRENT NAME	(first, middle, last r	name, suffix (e	.g., Jr, Sr, III)						
First name						Middle Initi	af					
Last name.	¥											
SOCIAL SECURITY NU	MBER			DATE OF BI	RTH (e.g., 10/	/23/1978)						
				Month	1 2 Day	51/	993 Year	3				
ZIP CODE OF LAST PER	P CODE OF LAST PERMANENT RESIDENCE HMIS CLIENT ID NUMBER											
44004												
PRIMARY RACE												
l	or Alaskan Native (AI/AN)		White								
☐ Asian (A) ☐ Black / African Am	refican (B)				/ Hawallan/O		lander (NH)					
SECONDARY RACE	The state of the s			T-LJ DOILE	Know or Refu	58Q-						
☐ American Indian o	r Alaskan Native (/	AI/AN)		□ White	iλλή							
☐ Aslan (A)					/ Hawallan/O	ther Pacific Isl	ander (NH)					
□ Black / African Am				□ Don't I	Know or Refus	sed						
ETHNICITY /VETERANS				GENDER								
☐ Hispanic / Latino ☐ Served in the US M			lliftanu	☐ Male	-	endered fema						
PLEASE LIST ADDITION	18.70		ilital y	Female	e 🖂 rransge	endered male	to temale					
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RÄCE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yès or No)	GENDER:	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)				
George White	999-99-9999	01/01/75	W	₿	Ņ	M	Husband	Υ				
,,,,												

Dury

LIST ALL HOUSEHOLE	MEMBERS WITH A	\BLING	CONDITION				·			
NAME //	4		CON	DITION	1. *	Duration 1	unger That	3 Months		
101					D Yes □ No					
					□ Yes □ No					
						O Yes	.II No			
RESIDENCE PRIOR TO	PROGRAM ENTRY									
Emergency shelt	er, including hotel or mo er voucher	itel paid for	with.		☐ Ps	ychiatric ho	spital or oth	er psychlatric	facility	
☐ Foster care home	or foster care group ho	me			☐ Re	fused				
☐ Hospital (Non-ps	yčhiatrio)				☐ Rental by client, no housing subsidy					
☐ Hotel or motel pa	id for without emergenc	y sheller vo	ucher				nt with other g/Section 8	(Non VA) hou	ising subsidy, i.e.	
☐ Jall, prison or juve	enile detention facility				□ Re	ntal by cliei	nt with VA h	ousing subsid	у	
Other HUD					☐ Sal	fe Haven				
Owned by client,	no housing subsidy	3			D Sta		g in a famil	member's ro	om, apartment or	
☐ Owned by client, \	with housing subsidy				□ Sta	ying or livin	g in a friend	's room, aparl	ment or house	
Permanent housing	ng for formerly homeless SRO Mod Rehab)	s persons (s	such		□ Sul	ostance abu	ise treatmei	nt facility or de	tox center	
☐ Places not meant			nsitional ho neless yout		meless perso	ns İncluding				
LENGTH OF STAY AT AL	ROVE									
1 week or less	3072			1	□ Moi	re than 3 m	onths but le	ss than 1 year		
	but less than 1 month			-		ear or longe				
☐ 1 to 3 months										
HOUSING STATUS Literally homeless Housed and at imm	ninent risk of losing hou	sing				sed and at	risk of losin	g housing		
NON-CASH BENEFITS			WHÓ						WHO	
☐ Food Stamps - Am	nount \$ 400	,		1	□ Vete	eran's Medi	cal Services			
☐ Medicaid	1			1 0		F child car	e Other TAN	F services		
☐ Medicare ·				1	TAN	F transport	ation servic	es		
	ealth Insurance (Healthy	Start)		1		er TANF se				
□ Wić.						porary rent				
☐ Section 8, Public H	ousing			10	Othe	er:				
NCOME WITHIN THE LAS	T30 DAYS A	JOUNT	WHO	INCO	ME WITHIN	THE LAS	30 DAYS	AMOUNT	WHO	
Alimony/spousal suppo	rt			D 8	SSI/SSDI				-	
Cash assistance/TANF		:		10 L	Jnemploym	ent				
Child support				D V	/eteran's Di	sability				
Income from employme	nt/wages			D V	/eteran's Pe	ension				
Pension from a former J	ob			οV	Vorker's Co	mpensatio	í			
Retirement from Social	Security	/			Other:					
OTAL MONTHLY INCOMI	E: \$	\emptyset		TOTA	AL ANNUAL	. INCOME:	\$			
ERVICES PROVIDED AT										
ervice	Start Date	Direct	Costs, if an	У	Notes					
asic Needs										
mergency Shelter										
ase Management ental Assistance										
ecurity Deposit		-								
county Deposit		-					-			

TOWNSHIP WATER AND	Companies in a residence of the companies of the companie		RP ASSIST							
HIVIIS	#/633	87	Creauga	Demes	Sec Vi	olence				
			ast name, suffix					N/A	Client does not know	Client refused to provide
First	name						Agriculture (Community)			
Middl	e name									
Lasti	name									
Suffix				<u> </u>			1 1 2			
Туре:	Homeless	Prevention	Rapid Re-	Housing	Çasework	er det	lanu		Pai	0
FINAN	NCIAL ASSISTA	NCE PROVI	DED [To be rout		Entry Person	1 1/	1	/		
4				T			1	· 		
Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Mot	el/hotel	Case Manageme
1282014	10282014	\$	\$	\$	\$	\$	\$	\$		
			SPIVILSUALE SSCRETCH	Piloseo Av						
	-1-1	\$	\$	\$	\$	\$	\$	\$		Acquestion of Art
				Louis de la companya						
	11	\$	\$	\$	\$	\$	\$	\$		
				Enered						L
1. 1	1.1	\$	\$	\$	\$	\$	\$	\$	Train of	
				Literation						
		\$	\$	\$	\$	\$	\$	\$		
				E principal						
		\$	\$	\$	\$	\$	\$	\$	X Set Z	
<i></i>						*		¥ V		
		\$ 15 E	\$	\$	•					
			o di Missa di Sterio di St	Ψ (Elfante)	\$	\$	\$	\$		
То	tal amount		5 :	\$	\$	\$.	\$	\$		

Region 5 HIVIS EXIT I	ORM	Chear	iga D	all	124	C. VI	o lenci	<u></u>		
HEAD OF HOUSEHOLD CURRE	NT NAME	middle, last nan	ne, suffix (e.g.,	Jr, Sr,	111)	(-	
										
PROGRAM EXIT DATE										
2/28/	2015		HMIS	Numl	ber	16	338	7		
Month Day	Year					7.				
REASON FOR LEAVING										
Completed program				0	Non-	compliance w	ilh prooram			
☐ Criminal activity/violence				D		payment of re		•		
☐ Death					Other					
☐ Disagreement with rules/pers							n time allowed	1		
☐ Left for housing opp. Before: ☐ Needs could not be met	completing progra	im.		'n	Unkn	own/Disappe	ared			
☐ Needs could not be met										
DESTINATION AT EXIT										
Emergency shelter, including hemergency shelter voucher	otel or motel paid	for with	□ Psy	chiatric	hospital	or other psy	chiatrio facility	, , , , , , , , , , , , , , , , , , ,		
Foster care home or foster care	drown home					housing sub				
	· aloub nome		-1/	<u> </u>					C 720	
☐ Hospital (Non-psychlatric)			, □ Hon	tal by c sing/Se	ection 8	other (Non)	VA) housing s	ubsidy, I.e.	Public	
☐ Hotel or motel paid for without	emergency shelte	er voucher.	□ Ren	al by c	lient, wit	GPD or TIP	subsidy			
D Jall, prison or juvenile detention	facility		☐ Rent	al by c	lient with	VA housing	subsidy	7		
☐ Long-term care facility or nursin	g home		□ Resi	dential	project	r halfway ho	use with no ho	meless cri	teria	
D Other HUD			☐ Safe Haven							
Owned by client, no housing sul	sldy		☐ Stayl	ng or li	ving in a	family memb	er's room, ap	artment or	house	
Owned by client, with housing si	ubsidy		1				, apartment o			
Permanent housing for formerly SHP, S+C, or SRO Mod Rehab)	homeless person	s (such as					y or detox cen			
Places not meant for human hab	itation		☐ Trans	ilional	housing	for homeless	persons inclu	ding home	less youth	
No Exit Interview			•							
dults Only] ANY ADULT IN T	HE HOUSEHOL	,D CURRENTI	LY RECEIVIN	G CAS	SHINCO	ME FROM	AND SOURC	E? UY	ES A	
Source	Amount	Recipient(s)	Source	3 .			Amount	Rect	pient(s)	
Alimony or other spousal support	\$		☐ Social S	ecurity	Income	(SSI)	\$		1	
Cash assistance/TANF	\$					ome (SSDI)	\$	+		
· · · · · · · · · · · · · · · · · · ·	·\$	1	<u> </u>			onie (ood)	\$			
Child support		ļ	☐ Unemplo	•						
Earned Income	\$	ļl	☐ VA Servi	ce Con	nected I	Disability	\$			
Pension from a former job	\$		□ Veteran's	Pensi	on .		\$			
Retirement from Social Security	\$		☐ Worker's	Comp	ensation		\$			
Private Disability Insurance	\$		☐ General A	ssista	nce		\$			
Other Sources?	\$		Other Source				\$			
TAL MONTHLY HOUSEHOLD INC	OME \$ M	5								

DMI

[Ad	lults Only	ANY ADULT IN THE	HOUSEHOLI	D CUR	RENTI	Y RECEIVI	NG NON	CASHING	ONE?	YES	D NO
	Source		Recipient	s)		Source	•		/	Recipie	nt/nl
V	Food St	amps - Amount \$ 1995	lient	47		IF child care s	ervices			Nacibi	ent(a)
6	WIC	41	SON,			IF transportati		S.			
ci	ongoing	B, Public Housing, or other rental assistance	Bonter	un I		er TANF-funde					
		ry rental assistance								,,	
	Other:				1 Othe	:					
	Househo Source Medicald	Id Members IS ANYONI Lew Sour		Recipie	nt(s)	Source		NSURANC		(ES 🗆	NO Recipient(
6	Medicare			201	/	☐ Health in	surance o	btained thro	ugh COBR	Δ	
	State Child	Iren's Health Insurance Program					Insurance	agii oobto			
0 1	Veteran's A	Administration (VA) Medical Serv	ides		☐ State Health Insurance for Adults						
NAMI	É	CONDITION		Durat Longe Month	Than		Ability to	Disabilit	entation of y & on File?	Receivi Treatm disabilit	ent for this
N	1/A	□Physical □Developmental □Mental Health □HIV/AIDS □Alcohol & Drug Abuse □De	run Abuse	D Yes	10.	-	□ No	☐ Yes	D No	D Yes	Ŭ Ño
-		□Physical □Developmental □Mental Health □HIV/AIDS □Alcohol & Drug Abuse. □Dr		☐ Yes	01	lo 🗆 Yes	□No	☐ Yeş	□ No	DYes	□ No
REVE	NTION: I	Housing Assessment at Ex									
		daln housing they had at project			Move	d in with famil	y/friends o	n a tempora	ary basis		
D	Without a subsidy					d in with famil					
/D	With subsidy they had at project entry					d to transition				ram	
	☐ With an on-going subsidy acquired since project entry					became hom					for
10	☐ Only with financial assistance other than a subsidy				☐ Client went to fall / prison						
	Moved to new housing unit				☐ Client is deceased						
) Mo				_	DHOIN	is deceased					1
	With a	n ongoing subsidy . It an ongoing subsidy				refused to ans	SWer				

Creange Dogrestic Violence

REGION 5 HMIS	Data: INT/	KE/ NT	RY FORM					_
100020	20	1/14		PROGRAM EN	TRY DATE	3 2	0/4	7
MONTH DAY	YEA			HTNOM	DAY		EAR	
	HEAD OF HOU	SEHOLD CUI	RRENT NAME (fin	st, middle, last nar	ne, sulfix (e.g.	, Jr, St, III)	· ·	
First name						Middle Initial		
Last name								
JOCIAL SECURITY N				DATE OF BIR	TH (e.g., 10/2	3/1978)		
				/ O	Day	7	951 Year	
ZIP CODE OF LAST PERI	MANENT RESIDE	NCE		HMIS CLIEN	T ID NUMBER	L		
4330				16	33	94		
RIMARY RACE American Indian or	Aleston Matter ((IANE)		1	1 - 3	*		
Asian (A)	Alaskan Native (A	J/AN)		₩ White		bine Floriffic test		
□ Black / African Ame	erican (B)				/ Hawallan/Ot		ander (NH)	
SECONDARY RACE					anon or House			
☐ American Indian or	Alaskan Nalive (A	UÁN)		□ White	NAD			
☐ Asian (A)	A MONTH I MADAG (mrany.			(vv) / Hawallan/Ot	har Darilir lels	andor (NIU)	
☐ Black / African Ame	erican (B)				(now or Refus		ander (14) I)	\dashv
ETHNICITY NETERANS S	ZATUS	140		GENDER				
☐ Hispanic / Latino		Latino		Male	☐ Transge	endered femal	a formala	\neg
☐ Served in the US M			ilitary /	Female	4	endered male		
PLEASE LIST ADDITIONA			1///	1	· La manoge	JINGO TO GITTAL	to fortiale	
NAME	SÖGIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George While	099-99-9999	01/01/75	:w	В	N	M	Husband	Y
					,			



LIST ALL HOUSEHOLD MEMBERS WITH A DIS "RLING CONDITION Duration Lo CONDITION r Than 3 Months U Yes □ No U Yes D.No. ☐ Yes □ No RESIDENCE PRIOR TO PROGRAM ENTRY Emergency sheller, including hotel or motel paid for with Psychlatric hospital or other psychlatric facility emergency sheller voucher Foster care home or foster care group home Refused Hospital (Non-psychiatric) Rental by client, no housing subsidy D Rental by client with other (Non VA) housing subsidy, i.e. Hotel or motel paid for without emergency shelter voucher-П Public Housing/Section 8. Jall, prison or Juvenile detention facility Rental by client with VA housing subsidy Other HUD Safe Haven Staying or living in a family member's room, apartment or Owned by client, no housing subsidy house Owned by client, with housing subsidy Staying or living in a friend's room, apartment or house Permanent housing for formerly homeless persons (such Substance abuse treatment facility or detox center as SHP, S+C, or \$RO Mod Rehab) Transitional housing for homeless persons including Places not meant for human habitation homeless youths LENGTH OF STAY AT ABOVE 1 week or less More than 3 months but less than 1 year More than 1 week, but less than 1 month 1 year or longer 1 to 3 months HOUSING STATUS Literally homeless Housed and at-risk of losing housing Housed and at imminent risk of losing housing 口 Stably housed NON-CASH BENEFITS WHO WHO Food Stamps - Amount \$ Veteran's Medical Services Medicaid TANF child care Other TANF services Medicare TANF transportation services State Children's Health Insurance (Healthy Start) Other TANF services WIC Temporary rent Section 8, Public Housing Other: INCOME WITHIN THE LAST 30 DAYS AMOUNT WHO INCOME WITHIN THE LAST 30 DAYS WHO AMOUNT ☐ Allmony/spousal support D SSI/SSDI ☐ Cash assistance/TANF □ Unemployment ☐ Child support Veteran's Disability ☐ Income from employment/wages Veteran's Pension Pension from a former lob ☐ Worker's Compensation ☐ Retirement-from Social Security. ☐ Other: TOTAL MONTHLY INCOME: \$ TOTAL ANNUAL INCOME: SERVICES PROVIDED AT ENTRY Service Start Date Direct Costs, if any Notes Basic Needs Emergency Shelter Case Management Rental Assistance Security Deposit Utilities

Greange Domestic Violence HMIS Data: REGION 5 HCRP ASSISTANCE FORM

HMIS#_

CURRI	ENT NAME (firs	st, middle, la	st name, suffix.	(e.g., Jr, Sr,	III) [All clients	1		N/A	Client does not know	Client refused to provide				
Firstn	ame							in the second						
Middle	hame								П					
Last na	ame													
Suffix									9					
Type: Homeless Prevention Rapid Re-Housing Caseworker Many Lea-														
FINAN	FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]													
Starf date (MM/DD/YYYY)	End date	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel	/hotel	Case Managemer				
10,28,2014	19:182014	\$	\$	\$	\$	\$.	\$	\$	(G-Des					
			BVID III											
		\$	\$	\$	\$	\$	\$.	\$						
			JUIN DUI Stroke des	i loros Suy										
ا ــــــــــــــــــــــــــــــــــــ		\$	\$	\$	\$.\$	\$	\$						
				a chiereur.										
	11	\$	\$	\$	\$	\$	\$	\$						
1_1	_1_1	\$	\$	\$	\$.	\$	\$	\$						
				actions.										
		\$	\$	\$	\$	\$	\$	\$						
J.J		\$	\$	\$	\$	\$	\$	\$						
				A DEFENSE										
То	tal amount		\$	\$.\$	\$	\$	\$						

Creaugo Domestic Violence Region 5 HMIS EXIT FORM HEAD OF HOUSEHOLD CURRENT NAME . .st, middle, last name, suffix (e.g., Jr, Sr, III) PROGRAM EXIT DA **HMIS Number** 16339 Month REASON FOR LEAVING Completed program D Non-compliance with program Criminal activity/violence Non-payment of rent Death Other Disagreement with rules/persons Reached maximum time allowed Left for housing opp. Before completing program Unknown/Disappeared Needs could not be met DESTINATION AT EXIT Emergency shelter, including hotel or motel paid for with emergency shelter voucher Psychlatric hospital or other psychlatric facility Foster care home or foster care group home M Rental by client, no housing subsidy ☐ Hospital (Non-psychiatric) Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8 Hotel or motel paid for without emergency shelter youcher Rental by client, with GPD or TIP subsidy Jall, prison or juvenile detention facility Rental by client with VA housing subsidy Long-term care facility or hursing home Residential project or halfway house with no homeless criteria Other HUD Safe Haven Owned by client; no housing subsidy Staying or living in a family member's room, apartment or house Owned by client, with housing subsidy Slaying or living in a friend's room, apartment or house Permanent housing for formerly homeless persons (such as .口 Substance abuse treatment facility or detox center SHP, S+C, or SRO Mod Rehab) Places not meant for human habitation Transitional housing for homeless persons including homeless youths No Exit Interview [Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? TO YES DINO

D

0

Source	Amount	Recipient(s)	Source	Ämount	Recipient(s)
☐ Allmony or other spousal support	:\$		Social Security Income (SSI)	\$757.00	
☐ Cash assistance/TANF	\$		☐ Social Sec Disability Income (SSDI)	\$	
☐ Child support	\$.		☐ Unemployment	\$	· ·
☐ Earned Income	\$		☐ VA Service Connected Disability	\$	
☐ Pension from a former job	\$		☐ Veteran's Pension	\$	
☐ Retirement from Social Security	\$		☐ Worker's Compensation	\$	
☐ Private Disability Insurance	\$		General Assistance	\$	
Other Sources? Source	\$		Other Sources?	\$	-

Dury

	dults Only					Y RECEIVI			,	YES	
	Source		Recipient(s)	S	ource				Recipie	nt(s)
D	Food St	amps - Amount \$ 194.00			3 TAN	child care s	ervices		T		1407
	WIC			Ė	TAN	transportati	on services				
Π.		B, Public Housing, or other rental assistance			Other	TANF-funde	d services				
		ry iental aselstance									
	Other:].[Other	4					
	Source	<u>Id Membersi</u> IS ANYONE	IN THE HOL	ISEHO Recipiei		CEIVING H	EALTH II	SURANC	E? 1	es oi	NO Recipient(
A	Medicald		1.			□ Employe	er-provided	Health Insu	rance		63
	Medicare				□ Health in	surance o	btained thro	ugh COBR	A		
	State Child	iren's Health Insurance Program			☐ Private F	ay Health	Insurance				
	Veteran'e	Administration (VA) Medical Servi	con					nce for Adu	14:-		
NAN	TE	CONDITION		Longe	r Than	Duration Longer Than 3 Live Months Documentation of Disability & Severity on File?				Receivle Treatme	ng nil for this
						INMODO				(QIBBDINII	
		□Physical □Developmental □Mental Health □HIV/AIDS □Alcohol & Drug Abuse □Dr	ug Abuse	□ Yes	מים		ÜΝο	□ Yes	ΠŅο	☐ Yes	
	7	□Mental Health □HIV/AIDS		☐ Yes	D No	o D Yes;	□ No	Ti Yes	D'No.	1	13.
DEV	ENTIONS	□Mental Health □HIV/AIDS □Alcohol & Drug Abuse □Dr □Physical □Developmental □Mental Health □HIV/AIDS □Alcohol & Drug Abuse □Dr	ug Abuse			o D Yes;				□Yes	i? □ No
		☐Mental Health ☐HIV/AIDS ☐Alcohol & Drug Abuse ☐Dr ☐Physical ☐Developmental ☐Mental Health ☐HIV/AIDS ☐Alcohol & Drug Abuse ☐Dr ☐Housing Assessment at Exit	ug Abuse	☐ Yes	ÐN	O D Yes	□No	tī Yes	Li No	□Yes	i? □ No
N/	Able to main	☐Mental Health ☐HIV/AIDS ☐Alcohol & Drug Abuse ☐Drug	ug Abuse	□ Yes	D No	o □ Yes	□ No	Li Yes	D No	□Yes	i? □ No
N/	Able to mai	☐Mental Health ☐HIV/AIDS ☐Alcohol & Drug Abuse ☐Dr ☐Physical ☐Developmental ☐Mental Health ☐HIV/AIDS ☐Alcohol & Drug Abuse ☐Dr Housing Assessment at Exitaln housing they had at project out a subsidy	ug Abuse	D Yes	D No	D D Yes; D Yes D Yes D In with family	□ No ly/friends o y/friends o	Ci Yes	D No	□Yes	i? □ No
1 A	Able to main Witho With a	☐Mental Health ☐HIV/AIDS ☐Alcohol & Drug Abuse ☐Drug	dg Abuse t entry	O Yes	Moved Moved	D Yes	□ No ly/friends o ly/friends o al /tempore	ti Yeş n a tempora n a permani	IJ No	□ Yes □ Yes ram	□ No
1 0	Able to main Without With a With a	Dimental Health DHIV/AIDS DAlcohol & Drug Abuse DDr DPhysical Developmental DMental Health DHIV/AIDS DAlcohol & Drug Abuse DDr Housing Assessment at Exitatin housing they had at project out a subsidy subsidy they had at project entry an on-going subsidy acquired since	ug Abuse t entry e project entry	O Yes	Moved Moved Moved Client habitar	D Yes	□ No ly/friends o ly/friends o al /tempora neless-mov	ti Yeş n a tempora n a permani	IJ No	□ Yes □ Yes ram	□ No
	Able to main With a With a With a Only v	Dimental Health DHIV/AIDS DAlcohol & Drug Abuse Dir Developmental Developmental Direction of the Drug Abuse Drug Abuse Direction of the Drug Abuse Direction of the Drug Abuse ug Abuse t entry e project entry	O Yes	Moved Moved Client habitat	D Yes	□ No ly/friends o ly/friends o al /tempora neless-mov	ti Yeş n a tempora n a permani	IJ No	□ Yes □ Yes ram	□ No	
	Able to main Without With a With a Only water	Dimental Health DHIV/AIDS DAlcohol & Drug Abuse DDr DPhysical DDevelopmental DMental Health DHIV/AIDS DAlcohol & Drug Abuse DDr Housing Assessment at Exitation housing they had at project out a subsidy subsidy they had at project entry on on-going subsidy acquired since	ug Abuse t entry e project entry	O Yes	Moved Moved Moved Client habitat	D Yes	U No ly/friends o ly/friends o al /tempora neless-mov	ti Yeş n a tempora n a permani	IJ No	□ Yes □ Yes ram	□ No

Creavosa Domestic Violence

Region 5 INTAKE / HMIS ENTRY FORM

			212	7					-Fat
INTAKE DATE (mo/dy/year)	PROGRA	M ENTRY DAT	E			COCI	OCATION C	ODE AT T	ME OF ENTRY
11/25/2014	12/	3/2019	1			1	OS OH-507		
HEAD OF HOUSE	HOLD NAME (HOH	D (First MI Lost	nuerui.	(0.000	, , , , , , , , , , , , , , , , , , ,	1	00 011-007	H Ouler_	
TIEAD OF HOUSE	NOLD NAME (NON) (riist, ivii, Last	i, sunix)				· · · · · · · · · · · · · · · · · · ·		-
					· · · · · · · · · · · · · · · · · · ·				
SOCIAL SECURITY NUMBER	1.5	DATE OF BII	RTH (e.g.	, 10/23/	(1978)	HN	IIS CLIENT II	D # (Head o	of Household)
		6/	/23/	195	8		100	1/32	7
VETERANS STATUS (HOH.)	ETHNICI	TY (HOH)	, ,		G	ENDER (H	(HOI		
Dld Not Serve in the US Military	Non-Hispanic				Male	0	1	ered fernal	e to male
□ Served in the US Military	□ Hispanic / Lati	ino		V	Female	Ö	Transgend	ered male t	o female
PRIMARY RACE (HOH) Check All T	That Apply								
☐ American Indian or Alaskan Nat (AL/AN)	ive D Black	African America	an (B)		Native / Hav	vallan/Oth	er Pacific Isla	nder (NH)	
☐ Aslan (A)	White	(w)			Refused		Data Not C	ollected	
				1-1					
PLEASE LIST ADDITIONAL HOUSE	EHOLD MEMBERS:								
NAME SOC	CIAL SECURITY NUMBER	ров	. TO	TIONSHI HEAD OF ISEHOLD	folease	RACE(s) choose from ection above)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)
/ / /									
	,								
							1		
		1. 1							
					_	 ;			
<u> </u>					Д.				
INFO NEEDED FOR HOUSEHOLD M	, , ,							т	
NAME MA CON	DITION	Longer Months	Than 8	Live	rs Ability to endently	Disabili	entation of by & on File?	Receiving Treatment disability	nt for this
☐Physical ☐Develop		□Yes	D.No.	☐ Yes		.□ Yes	D No	☐ Yes	D No
☐ ☐Mental Health ☐H ☐Alcohol & Drug Abus									
□Physical □Develop	mental	□ Yes	D No	☐ Yes	□ No	☐ Yes	.□ No	D Yes	□No
☐Mental Health ☐HI								- 140	
☐Alcohol & Drug Abus	E LIDING Abuse					L			

Dmy

TYPE OF LIVING SITUATION (pla	ase note if adu	its are liv	ing In d	iffere	nt living situations)					
Emergency shelter, including emergency shelter voucher	g hotel or motel ;	aid for w	ith '	Psychlatric hospital or other psychiatric facility						
☐ Foster care home or foster of	are group home			1	Rental by client, no housing s	ubsidy				
☐ Hospital (Non-psychiatric)			,	Ī	Rental by client with other (No Housing/Section 8	Rental by client with other (Non VA) housing subsidy, i.e. Public Housing/Section 8				
Hotel or motel paid for without	ut emergency s	nelter vou	cher	☐ Rental by client, with GPD or TIP subsidy						
D Jail, prison or juvenile detent	ion facility			☐ Rental by client with VA housing subsidy						
☐ Long-term care facility or nur	sing home			☐ Residential project or halfway house with no homeless criteria						
☐ Other HUD				☐ Safe Haven						
☐ Owned by client, no housing	subsidy			☐ Staying or living in a family member's room, apartment or house:						
☐ Owned by client, with housing	aubsidy			Ē	Staying or fiving in a friend's ro	om, apartment	or house			
Permanent housing for forme SHP, S+C, or SRO Mod Rehe	for formerly homeless persons (such as Mod Rehab) Substance abuse freatment facility or detox center									
☐ Places not meant for human h	abltation			P	Transitional housing for homele	ess persons incl	uding homeless yout			
LENGTH OF STAY IN ABOVE SITE	ATION (nlease	note If a	dults ha	ib av	ffering anewerel					
□ 1 day or less	Title (bledde	T. Dr				re than 3 month	s but less than 1 year			
☐ 2 days to 1 week			lo 3 mon			ear or longer	•			
Answer for Each Adult (Homolose	dofinás an liter	ally home	lessi							
Name:_					Name:					
Continually homeless for at least one	year? (Pes 🗆	No			Continually homeless for at least	one year? □Ye	as ∐No			
How many times homeless in the pas □0 □1 □2 □3 124 or more	t 3 years (includ	es this ep	isode)?	\top	How many times homeless in the	past 3 years (In	cludes this episode)			
ľ					□0 □1 □2 □3 □4 or more					
If 4 or more ephodes, how many past 3 years? Number of Months	total months ho	meless in	the		If 4 or more episodes, how n past 3 years? Number of Months	nany total month	s homeless in the			
How many months continually homele entry? Number of Months 3 Count one month for any length of tin			oject		How many months continually hor entry? Number of Months: (Count one month for any length of					
oods the participant have documentat	ion of their home	elessnéss	status?	Does the participant have documentation of their homelessness status						
,				Щ			·			
apid Re-Housing Only:	1									
lousehold is in Permanent Housing?	Yes: No		If Ye	25, Da	te of Move In (Month/Day/Year):					
					10/2/21/19		^			
dults Only] ANY ADULT IN TH	E HOUSEHOL	D CURR	ENTLY	REC	EIVING CASH INCOME FROM A	ND SOURCE?	□ YES THÔ			
Source	Amount	Recip	ient(s)		Source.	Amount	Recipient(s)			
Alimony or other spousal support	\$		-		Social Security Income (SSI)	\$				
Cash assistance/TANF	\$				Social Sec Disability Income (SSDI)	\$				
Child support	\$-			<u> </u>	Inemployment	\$				
Earned Income	\$				A Service Connected Disability	\$				
Pension from a former job	\$: D Veteran's Pension \$							
Retirement from Social Security	\$			D N	Vorker's Compensation	\$				
Private Disability Insurance	\$		1	□ Ġ	eneral Assistance	.\$				
Other Sources?	\$	^	1	0	ther Sources?	\$				
TAL MONTHLY HOUSEHOLD INCO	a d				* income for a child goes u					

DmV

[Adults Only] ANY ADULT IN	THE HOUSEHOLD CURR	ENTLY RECEIVING NON CASH INCOM	E? KYES 🗆 NO
a Source	Reciptoritie	Source	Recipient(s)
Food Stamps - Amount \$ 189		TANF child care services	
△ wic		TANF transportation services	
Section 8, Public Housing, or other ongoing rental assistance		Other TANF-funded services	
Temporary rental assistance			
☐ Other:		Other:	
[All Household Members] ANYON	NE IN THE HOUSEHOLD R	RECEIVING HEALTH INSURANCE?	YES INO
Medicaid		☐ Employer-provided Health Insurance	
.Д :Medicare		☐ Health insurance obtained through COBRA	
State Children's Health Insurance Program (SCHIP)		☐ Private Pay Health Insurance	
☐ Veteran's Administration (VA) Medical Services	4	☐ State Health Insurance for Adults	
[Adults Only] INFO NEEDED FOR A	DULT MEMBERS EFFEC	TED BY DOMESTIC VIOLENCE	
NAME	EXTENT OF DOMESTIC VI	OLENCE	
	☐ Within past 3 months	☐ Within the past 6-12 months	
	☐ Within the past 3-6 m	onths	
	☐ WithIn past 3 months	☐ Within the past 6-12 months	•

Region 5 HMIS EXIT FORM HEAD OF HOUSEHOLD GURRENT NAME t middle last name, suffix (e.g., Jr, Sr, III) PROGRAM EXIT DATE 09/32 HMIS Number Day REASON FOR LEAVING O Completed program Non-compliance with program 11 Criminal activity/violence 0 Non-payment of rent Ò Olher П Disagreement with rules/persons Reached maximum time allowed Left for housing opp. Before completing program Unknown/Disappeared Needs could not be met DESTINATION AT EXIT Emergency shelter, including hotel or motel paid for with Psychiatric hospital or other psychiatric facility emergency shelter voucher 口 Foster care home or foster care group home Rental by ollent, no housing subsidy Rental by client with other (Non VA) housing subsidy, i.e. Public ☐ Hospital (Non-psychiatric) Housing/Section 8 Hotel or motel paid for without emergency shelter voucher Rental by client, with GPD or TIP subsidy D Jall, prison or Juvenile detention facility Rental by client with VA housing subsidy Long-term care facility or nursing home Residential project or halfway house with no homeless criteria-Olher HUD Safe Haven Owned by client, no housing subsidy Staying or living in a family member's room, apartment or house Owned by client, with housing subsidy П Staying or living in a friend's room, apartment or house Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) Substance abuse freatment facility or detex center Places not meant for human habitation Transitional housing for homeless persons including homeless youths No Exit Interview [Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? II YES Source Amount Recipient(s) Source Amount Recipient(s) Alimony or other spousal support \$ \$ ☐ Social Security Income (SSI) \$ ☐ Cash assistance/TANF ☐ Social Sec Disability Income (SSDI) \$ Child support \$ \$ ☐ Unemployment \$ ☐ Earned Income \$ VA Service Connected Disability D Pension from a former job \$ \$ ☐ Veteran's Pension Retirement from Social Security \$ \$ □ Worker's Compensation \$ ☐ Private Disability Insurance \$ ☐ General Assistance Other Sources? Other Sources? \$ Source Source TOTAL MONTHLY HOUSEHOLD INCOME \$ 1

10/14

Granga Domestie VIOIEnce



Medicald Employer-provided Health Insurance		[Adı	ilts Only	ANY ADULT IN THE	HOUSEHOL	D CU	RF	RENTLY	RECEIV	NG NON	CASH IN	COME ?	YES	□ NO
Food Stamps - Amount \$ 18 9 Current TANF child care services		-1	Source		Recipieni	s)		So	лсе			/	Pacini	antici
Continued Cont		B	Food St	amps - Amount \$ 189	Clio.	ut	F	TANE	hild care :	ervices		1	Macibi	olitio)
Section 8, Public Housing, or other ongoing pretal assistance Temporary rental assistance Other:		0		10 /							s			
Other: O		.0	Section ongoing	B, Public Housing, or other rental assistance			١.	2						•
All Household Members Is ANYONE IN THE HOUSEHOLD RECEIVING HEALTH INSURANCE? April			Tempora	ry rental assistance										
Medicald			Other:					Other:	-			•		
Medicare	I	S	purce	ld Members] IS ANYONE					WW 000	EALTH II	NSURANO	SE? JOA	rès d	NO Recipient(s
State Children's Health Insurance Program (SCHIP) Private Pay Health Insurance		A IV	ledicald						Employ	er-provided	Health Ins	urance		
□ State Children's Health Insurance Program (SCHIP) □ Veteran's Administration (VA) Medical Services □ State Health Insurance for Adults DISABILITY INFORMATION: NAME □ CONDITION □ Duration □ Longer Than 3 Months □ Longer Than	1	D M	ledicare											
DISABILITY INFORMATION: NAME CONDITION Duration Longer Than 3 Months Disability & Severity on File? Disability & Severity on File? Disability? Disability? Disability & Severity on File? Disability? Disability & Severity on File? Disability? Disability & Severity on File? Disability? Disability? Disability & Severity on File? Disability? Disability & Severity on File? Disability? Disability? Disability? Disability & Severity on File? Disability? Disability? Disability? Disability & Documentation of Disability? Disability? Disability? Disability & Severity on File? Disability? Disability? Disability & Severity on File? Disability? Disability. Disability? Disability. Disabil	t	Пе	ola OLNI	5								ough COBR	43	<u>' </u>
DISABILITY INFORMATION: NAME CONDITION Duration Longer Than 3 Months Disability to Live Independently Independ	F							0	Private I	Pay Health	Insurance			
DISABILITY INFORMATION: NAME CONDITION Duration Longer Than 3 Months Disability & Documentation of Disability & Severity on File? Disability & Severity on File? Treatment for this disability? Disability & Severity on File? Disability & Severity on File? Treatment for this disability? Disability & Severity on File? Dives I No	L	☐ Veteran's Administration (VA) Medical Services							State He	alth Insura	nce for Adu	ills		
IPhysical Developmental DYes No DYes No DYes DNo DNO	_		PEC A 11Å	MA		Lon	gei	Than 3	Live		Disabilit	y &	Treatme	ent for this
□Physical □Developmental □ Yes □ No □ Yes				□Mental Health □HIV/AIDS	ua Abuse	1					1			
Able to maintain housing they had at project entry Without a subsidy With subsidy they had at project entry With an on-going subsidy acquired since project entry Only with financial assistance other than a subsidy Client became homeless-moving to shelter or other place untit for habitation Client went to jall / prison Moved in with family/friends on a temporary basis. Moved in with family/friends on a temporary basis. Moved in with family/friends on a temporary basis. Client became homeless-moving to shelter or other place untit for habitation Client went to jall / prison Client is deceased With an ongoing subsidy Client refused to answer				□Physical □Developmental □Mental Health □HIV/AIDS		υYe	S	□No	□Yes	ΠÑọ	□ Yes	□ Ño.	D Yes	□ No
Able to maintain housing they had at project entry Without a subsidy With subsidy they had at project entry With an on-going subsidy acquired since project entry Only with financial assistance other than a subsidy Client became homeless-moving to shelter or other place untit for habitation Client went to jall / prison Moved in with family/friends on a temporary basis. Moved in with family/friends on a temporary basis. Moved in with family/friends on a temporary basis. Client became homeless-moving to shelter or other place untit for habitation Client went to jall / prison Client is deceased With an ongoing subsidy Client refused to answer	Ri	EVEN	TION: H	outsime Assessment of Evil								**	,	
□ Without a subsidy □ Moved in with family/friends on a permanent basis □ With subsidy they had at project entry □ Moved to transitional /temporary housing facility/program □ With an on-going subsidy acquired since project entry □ Cilent became homeless-moving to shelter or other place until for habitation □ Only with financial assistance other than a subsidy □ Cilent went to jail / prison □ Moved to new housing unit □ Cilent is deceased □ With an ongoing subsidy □ Cilent refused to answer						Г	7	· Mound in	with for "	elist and a		ağ ,		
□ With subsidy they had at project entry □ Moved to fransitional /temporary housing facility/program □ With an on-going subsidy acquired since project entry □ Cilent became homeless-moving to shelter or other place until for habitation □ Only with financial assistance other than a subsidy □ Cilent went to jall / prison □ Moved to new housing unit □ Cilent is deceased □ With an ongoing subsidy □ Cilent refused to answer					1103	-	-							
□ With an on-going subsidy acquired since project entry □ Cilent became homeless-moving to shelter or other place until for habitation □ Only with financial assistance other than a subsidy □ Cilent went to jall / prison □ Moved to new housing unit □ Cilent is deceased □ With an ongoing subsidy □ Cilent refused to answer		-			,	_								
□ Only with financial assistance other than a subsidy □ Client went to Jall / prison □ Moved to new housing unit □ Client is deceased □ With an engoing subsidy □ Client refused to answer							,	Client be	came hom	eless-movi	ing to shelte	or other p	am lace unfit f	or
I Moved to new housing unit □ Client is deceased □ With an ongoing subsidy □ Client refused to answer			Only wi	th financial assistance other than	a subsidy					rison	·····			
]	Move									·			
□ Without an ongoing subsidy □ Client doesn't know ☑ Data not nollected	☐ With an ongoing subsidy					1	Client refu	sed to ans	wer	1				
	1	П.	Without	an ongoing subsidy			10	Client does	sn't know	112	100/1	Pata hot noll	ected	

Ashlabula

REGION 5 HMIS Data: INTAKE/ NTRY FORM VTAKE DATE (e.g., 05/24/2010) PROGRAM ENTRY DATE MONTH DAY YEAR MONTH DAY HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) First name Middle Initial Last name SOCIAL SECURITY NUMBER DATE OF BIRTH (e.g., 10/23/1978) ZIP CODE OF LAST PERMANENT RESIDENCE HMIS CLIENT ID NUMBER 951 Kaidyn 157 PRIMARY RACE American Indian or Alaskan Native (Al/AN) White (W) **1**0 Native / Hawaiian/Other Pacific Islander (NH) Black / African American (B) Don't Know or Refused SECONDARY RACE American Indian or Alaskan Native (Al/AN) White (W) Asian (A) Native / Hawalian/Other Pacific Islander (NH) Black / African American (B) Don't Know or Refused ETHNICITY IVETERANS STATUS GENDER Hispanic / Latino Non-Hispanic/Latino Transgendered female to male Male Served in the US Military Did Not Serve in the Military Female

Transgendered male to female PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS: PRIMARY SECONDARY SERVED RACE RACE RELATION-IN THE SOCIAL HISPANIC (please DATE OF NAME (please SHIP us SECURITY GENDER (Yes BIRTH choose from choose from TO HEAD OF MILITARY NUMBER or No) the selection the selection HOUSEHOLD (Yes or above) above) No) George White 999-99-9999 01/01/75 W B N M Husband Y

Ashlabula

HMIS Data: REGION 5 HCRF .. SSISTANCE FORM

HMIS# Client Client refused to does not CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) [All clients] NA provide know First name Middle name Last name Suffix Caseworker Homeless Prevention Rapid Re-Housing Type:

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Start date	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Manageme
412014	630,2014	\$	\$ 450	\$	\$	\$	\$	\$	
7			(नःग्रेड ठेळक वास्तरस	Franks M.					
71202614	7,28,2014	\$	\$ 650	\$	\$	\$	\$	\$	
	٨		Religion talking	Enforce by		42			
8,24-2014	82/2014	\$	\$ 650	\$;	\$	\$	\$.\$	
	•		संक्षेत्रि श्रीकार क्षासम्बद्ध	anisted by:					
		\$	\$	\$	\$	\$	\$	\$	8
			ANIS THE entare!	Hotenald Ny :					
		\$	\$	\$	\$	\$	\$	\$-	
			र्मान्यक शिवस्य अवस्यावस्य	haratsa Ayi					
		\$	\$	\$	\$	\$	\$	\$	
			15131343536 \$115184	Metrical Mil					
		\$.	\$	\$:	\$	\$	\$	\$	
			PRINT Land or teres	奇(大学) 技術					
To	otal amount	1950	\$	\$	\$	\$	\$	\$	

Ashlabula

HMIS Data: REGION 5 HCRP EXIT FORM

THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAME	The second second second									
HEAD OF I	IOUSEHOLD GUF	RENT NAME	(first, midd	dle, last	name, suffix (e.g., Jr, S	r, III)				
First name	1.				Middle	e Initial .				
Last name										
PROGRAM EXIT DATE		9			TYPE					
	1/1/	بر مسر ا	20.0		☐ Homeless Preve	ntion Rai	pld Re-Housing			
1/0 2/8 2/8	21/19/1	15	145	0	Caseworker:	A lance	18 pail			
Month Day	Year	HMIS	Number		_ Caseworker:	11/2000	4 receip			
						0				
REASON FOR LEAVING			Is	/						
Completed program					Von-compliance with pr	ogram				
Criminal activity/violence					Von-payment of rent					
Death	-				Other					
☐ Disagreement with rules/persons ☐ Left for housing opp. Before complete	20.000 marks and and				Reached maximum time	Bilowed				
☐ Left for housing opp. Before comple ☐ Needs could not be met	ting program	-:		<u> </u>	Jnknown/Disappeared					
					···					
DESTINATION [All clients]					.*					
☐ Deceased.					sychiatric hospital or of	her psychiatric fa	ellity			
Don't know		<u> </u>		J R	lefused					
Emergency shelter, including hotel emergency shelter voucher		ith			lental by client, no hous					
☐ Foster care home or foster care gro	up home			Rental by client, other (non-VASH) housing subsidy						
☐ Hospital (non psychiatric)			E		ental by client, VASH S	Subsidy				
☐ Hotel or motel paid for without emer		cher			afe Haven					
Jall, prison, or juvenile detention face	ality				laying or living with fan					
Other (Describe)			, E	a a	laying or living with fan partment or house)		3			
☐ Owned by client, no housing subside	<i>t</i>				laying or living with frie					
Owned by client, with housing subsi	dy.		E	o S	taying or living with frie partment or house)	nds, temporary te	nure (room,			
Permanent housing for formerly horr SHP, S+C, or SRO Mod Rehab)	eless persons (suc	ch as	Ę	J \$	ubstance abuse treatm	ent facility or deto	x center			
Place not meant for habitation (a vel outside)	ilcle or anywhere				ransitional housing for I omeless youth)	nomeless persons	(Including			
HOUSING STATUS (All clients)			-			1				
Literally homeless	•	 		1 U	oused and at-risk of los	Ing housing				
Housed and at Imminent risk of losin	n houslan				ably housed	ing nousing				
Don't know	g modeling		16		efused	,	,			
NCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO			THE LAST 30 DAYS	AMOUNT	WHO			
☐ Allmony/spousal support	ANIOUNI	ANUO		/SSDI	HE LAST SO BATO	AMOUNT	MINO			
Cash assistance/TANF			☐ Une		ent					
Child support		-			sability `	-				
☐ Income from employment/wages		-	□ Vete							
Pension from a former job	· i				ompensation	. 12				
Retirement from Social Security	1		□ Othe		· · · · · · · · · · · · · · · · · · ·					
	8				LINCOME: \$					
ON-CASH BENEFITS WITHIN THE LAST	30 DAYS	WHO					WHO			
Food Slamps - Amount \$	- I		☐ Vetera	an's Med	Ilcal Services	ľ				
Medicald				TANF child care Other TANF services						
J Medicare					rtation services					
State Children's Health Insurance (He	althy Start)			her TANF services						
i wic	☐ Temporary rent									
Section 8. Public Housing			□ Other:							



Catholic Charities of Ashtabula County 4200 Park Avenue, Third Floor Ashtabula, Ohio 44004 Phone: (440) 992-2121 Fax: (440) 992-5974



February 8, 2016

www.doyecac.org

Ms. Tammy Weaver Vice President of Clinical Services Coleman Professional Services 1032 East Market Street Warren, Ohio 44483

RE: Monitoring Report dated January 19, 2016 - Homeless Crisis Response Program

Dear Ms. Weaver:

As per your request for a response to the above-mentioned monitoring report, please note the following:

- Our agency was asked to place HMIS entry and exit dates in the client files for the
 following HMIS numbers: 15437, 154347, 139724, 4721, and 166023. Please note that
 HMIS number 15437 is not our client. HMIS data indicates that it is from 2006 in Lake
 County. Attached to this letter are copies of the HMIS Data Intake and Exit forms, as
 developed by Region 5, that were in the client files at the time of the monitoring visit. All
 of the client files had the entry and exit dates included and, for this response, have been
 circled in red. In order to easily identify these forms in the client files, they were on either
 blue or green paper.
- As recommended, our agency will begin placing all of the required documentation for incremental certifications in a separate tab, which will be entitled as 3-month recertification, 6-month recertification, etc.

Thank you for your support of the Homeless Crisis Response Program in Ashtabula County. Please don't hesitate to contact me with questions, or if further information is required.

Sincerely,

Lynn M. Zalewski Executive Director

ym M Zpleusa

Enclosures (HMIS documentation for file numbers 154347, 139724, 4721, 166023)

United Way

"I tell you, whenever you did this for one of the least important of these followers of mine, you did it for me!" - Matthew 25:40

Catholic Charitres - 12h REGION 5 HMIS Data: INTAKE/ENTRY FORM ITAKE DATE (e.g., 05/24/2010) PROGRAM ENTRY DATE MONTH DAY HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) First name Middle Initial Last name OCIAL SECURITY NUMBER DATE OF BIRTH (e.g., 10/23/1978) IP CODE OF LAST PERMANENT RESIDENCE HMIS CLIENT ID NUMBER RIMARY RACE American Indian or Alaskan Native (AI/AN) K White (W) Asian (A) Native / Hawallan/Other Pacific Islander (NH) Black / African American (B) D Don't Know or Refused **ECONDARY RACE** American Indian or Alaskan Native (Al/AN) White (W) Asian (A) Native / Hawaiian/Other Pacific Islander (NH) Black / African American (B) Don't Know or Refused JITY NETERANS STATUS GENDER Hispanic/Latino H Non-Hispanic/Latino Male ☐ Transgendered female to male Served in the US Military Dold Not Serve in the Military Female [] Transgendered male to female LEASE LIST ADDITIONAL HOUSEHOLD MEMBERS:

NAME	SÓCIÁL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George White	999-99-9999	01/01/75	W	В	.N.	M	Husband	At
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Casholic Charities - Ash

State Children's Health Insurance (Healthy Start)

WIC

Section 8, Public Housing

HMIS Data: REGION 5 HCRP EXIT FORM HEAD OF HOUSEHOLD CURRENT NAME (flist, middle, last name, suffix (e.g., Jr, Sr, III) D Middle Initial First name 04:5/19/14 st name TYPE PROGRAM EXIT DATE Rapid Re-Housing ☐ Homeless Prevention Caseworker: **HMIS Number** Day Year Month REASON FOR LEAVING Non-compliance with program Completed program Non-payment of rent Criminal activity/violence 0 Ò Other Reached maximum time allowed Disagreement with rules/persons Unknown/Disappeared П Left for housing opp. Before completing program Needs could not be met DESTINATION [All clients] Psychiatric hospital or other psychiatric facility Deceased Refused Don't know Rental by client; no housing subsidy Emergency shelter, including hotel or motel paid for with O emergency shelter voucher Rental by client, other (non-VASH) housing subsidy Foster care home or foster care group home Ò Rental by client, VASH Subsidy Hospital (non psychiatric) Safe Haven Hotel or motel paid for without emergency shelter voucher 0 Staying or living with family, permanent tenure Jall, prison, or juvenile detention facility Staying or living with family, temporary tenure (room, Other (Describe) apartment or house) Staying or living with friends, permanent tenure Owned by client, no housing subsidy L Staying or living with friends, temporary tenure (room, Owned by client, with housing subsidy apartment or house) Permanent housing for formerly homeless persons (such as Substance abuse treatment facility or detox center SHP, S+C, or SRO Mod Rehab) Transitional housing for homeless persons (including Place not meant for habitation (a vehicle or anywhere homeless youth) outside) HOUSING STATUS [All clients] Housed and at-risk of losing housing Literally homeless JEC. Stably housed Housed and at imminent risk of losing housing Refused Don't know INCOME WITHIN THE LAST 30 DAYS AMOUNT AMOUNT WHO INCOME WITHIN THE LAST 30 DAYS es 721.00 / 730 e ssi/ssdi ☐ Allmony/spousal support □ Unemployment Cash assistance/TANF ☐ Veteran's Disability ☐ Child support ☐ Veteran's Pension Income from employment/wages ☐ Worker's Compensation Pension from a former job ☐ Other. Retirement from Social Security 7412 TOTAL ANNUAL INCOME: 1451 TOTAL MONTHLY INCOME: WHO NON-CASH BENEFITS WITHIN THE LAST 30 DAYS WHO □ Veteran's Medical Services 107 Food Stamps - Amount \$ ☐ TANF child care Other TANF services Medicald P ☐ TANF transportation services Medicare ☐ Other TANF services

☐ Temporary rent

☐ Other:

Catholic Charities - Ash

LEGION 5 HMIS Data: INTAKE/ENTRY FORM

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TAKE DATE (e.g., 05/	24/2010)		ان	PROGRAME	NTRY DATE			
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					1-27			
RIMARY RACE								
American Indian o	r Alaskan Nalive (Al/AN)		White	(W)			
Black / African Am	edoon (O)			. Native	/ Hawallan/O	her Pacific Isl	ander (NH)	
	encan (B)			Don't	Know or Refus	ied .		
ECONDARY RACE								
American Indian of	Alaskan Native (/	Al/AN)		White.				
Asian (A) Black / African Ame	arican (D)			Native	/ Hawallan/Ot	her Pacific Isla	ander (NH)	
		· · · · · ·		Don't	Know or Refus	ed		
TTY NETERANS S				GENDER				`
Hispanic / Latino	Non-Hispanic	Latino	w.r	☐ Male		endered femal		
Served in the US M			ilitary	Female	Transge	endered male	to female	
LEASE LIST ADDITIONA	L HOUSEHOLD	MEMBERS:		./ _		-		
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George White	099-99-9999	01/01/75	W ·	В	ίŃ	М	Husband	Y
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Costholic Charities - 1881

HMIS Data: REGION 5 HCRP EXIT FORM

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HEAD OF	HOUSEHOLD CUP	KKENI NAME	(first, m	idale, la	ist name, suffix (e.g., Jr, Si	~	• • • • • • • • • • • • • • • • • • • •	
.First name					Middle	Initial (
st name		11) 011 \$12	5.119	Lei	· ·		,	
PROGRAM EXIT DATE		***			TYPE			
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001000	OIPI	139	12	4	Ceseworker:	annur	Malt	
Month Day	Year	HMIS	Numb	er			J.	
REASON FOR LEAVING								
☐ Completed program					Non-compliance with pro-	ogram		
☐ Criminal activity/violence .	<u> </u>				Non-payment of rent			
□ Death					Olher			
☐ Disagreement with rules/persons			-		Reached maximum time	allowed	,	
 Left for housing opp. Before comp 	leting program			0	Unknown/Disappeared			
Needs could not be met	·			L				
DESTINATION [All clients]								
☐ Deceased					Psychiatric hospital or of	her psychiatric fe	acility	
□ Dan't know				ם	Refused			
Emergency shelter, including hote emergency shelter youther	l or motel paid for w	ith		X	Rental by client, no hous	lng subsidy		
Foster care home or foster care gr	oup home			.C	Rental by client, other (n	on-VASH) housing	ng subsidy	
☐ Hospital (non psychiatric)					Rental by client, VASH S	Subsidy		
Hotel or motel paid for without emergency sheller voucher.					Safe Haven			
Jali, prison, or juvenile detention facility					Staying or living with fam	illy, permanent te	enure	
Other (Describe)					Staying or living with fan apartment or house)	illy, temporary te	nure (room,	
Owned by client, no housing subsi	dy			☐ Staying or living with friends, permanent tenure				
Owned by client, with housing sub	sidy			Staying or living with friends, temporary tenure (room, apartment or house)				
Permanent housing for formerly ho SHP, S+C, or SRO Mod Rehab)	omeless persons (su	ch as		Substance abuse treatment facility or detox center				
Place not meant for habitation (a voutside)	ehicle or anywhere	•		Transitional housing for homeless persons (including homeless youth)				
HOUSING STATUS [All clients]								
☐ Literally homeless			1		Housed and at-risk of los	ing housing		
Housed and at imminent risk of los	ing housing			D	Stably housed			
□ Don't know					Refused			
NCOME WITHIN THE LAST 30 DAYS	AMOUNT	WHO	INCOM	NE WIT	HIN THE LAST 30 DAYS	AMOUNT	WHO	
Allmony/spousal support	T			SI/SSE				
Cash assistance/TANF			1		yment			
Child support					s Disability	•		
Income from employment/wages					s Pension			
Pension from a former job			-					
Retirement from Social Security	1			☐ Worker's Compensation				
OTAL MONTHLY INCOME:	\$				UAL INCOME: \$			
			1				18810	
ION-CASH BENEFITS WITHIN THE LAS		WHO			t il for it		WHO	
					Medical Services			
						8.		
					☐ TANF transportation services ☐ Other TANF services			
State Children's Health Insurance (H	realtny Start)		☐ Ten					
WiC			☐ Oth		. 1 10:11			
Section 8, Public Housing			- UII	VI.				

Catholic Charties-Ash

REGION 5 HMIS Data: INTAKE/ENTRY FORM

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ITAKE DATE (e.g., 05/2	24/2010)		/	PROGRAM EI	VTRY DATE				
700	3 2 0	14		67	2	3 1 2	014		
Mk .I DAY	YE.	AR		MONTH	DAY		EAR	ج	
	HEAD OF HO	USEHOLD CU	RRENT NAME (6	ist, middle, last na			-7111		
First name			(1)	ind middle, last tia	me, sumx (e.g				
						Middle Initial	A		
Last name	7	`							
OCIAL SECURITY NUM	IBER	2		DATE OF BIR	TH (e.g. 10/2	3/10781			
	4			O 9	Day		9 X L		
IP CODE OF LAST PER	MANENT RESIDE	ENCE		HMIS CLIEN	T ID NUMBER	3	1		
14001	1	٠			AM	4721			
RIMARY RACE				7			in the same of the		
1 American Indian o	Alaskan Native (Al/AN)		White	(W)	·			
Asian (A)	Asian (A) Native / Hawaiian/Other Pacific Islander (NH)								
Black / African Am	erican (B)				Know or Refus				
ECONDARY RACE				•					
American Indian or	Alaskan Nalive (/	AI/AN)		☐ White	(W)				
Asian (A)					/ Hawallan/Ot	her Pacific Isla	ander (NH)		
Black / African Ame	erican (B)				Know or Refus				
TI JITY NETERANS	TATUS	•		GENDER					
Hispanic / Latino 1	Non-Hispanic	Lalino		Male Male	☐ Transqu	endered femal	a to male		
Served in the US M	Illitary Did Not	Serve in the M	ilitary	☐ Female		endered male		-	
LEASE LIST ADDITIONA						774	to,ioniais		
, NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or	
George While	999-99-9999	01/01/75	W	8	N	М	Husband	No).	
AVECE- 11.		-2-1995	W	.,	N	-	Wife	N	
-0'U	made die	· .			-		4.0 - 1-4	10	
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Calholic Chambies - Lesh

HMIS Data; REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)									
First name	ly .			.,			e Initia)		
Last name					f	11.11 01.9,15,13			
PROGRAM EXIT DATE	- Sandan Sandan Sandan	-	· · · · · · · · · · · · · · · · · · ·		JY;	TYPE			
	Year	5 /) 473 HMIS) \ S Numl	ber	☐ Homeless Preve	333	pld Re-Housing	
REASON FOR LEAVING									
Completed program					0.	Non-compliance with pr	ogram	7	
☐ Criminal activity/violence						Non-payment of rent		1.	
☐ Death						Other		• •	
Disagreement with rules/persons						Reached maximum time	bewolla		
☐ Left for housing opp. Before comple	ling progra	m			0	Unknown/Disappeared	·		
☐ Needs could not be met					L				
DESTINATION [All clients]									
☐ Deceased					[]	Psychlatric hospital or o	ther psychiatric fa	acility	
□ Don't know			7		0	Refused			
Emergency shelter, including hotel emergency shelter voucher	or motel pai	d for w	ith.		Ø	Rental by client, no hous	sing subsidy.		
☐ Foster care home or foster care group home						Rental by client, other (n	on-VASH) housi	ng subsidy	
☐ Hospital (non psychlatric)			,			Rental by client, VASH \$	Subsidy		
Hotel or motel paid for without emer		er vou	cher		0	Safe Haven		i-	
☐ Jail, prison, or juvenile detention fa	offity	<u> </u>			<u> </u>	Staying or living with fan			
Other (Describe)		-			0	Staying or living with fan apartment or house)			
Owned by client, no housing subsid	у					Staying or living with frie			
Owned by client, with housing subs	· · · · · · · · · · · · · · · · · · ·				Staying or living with friends, temporary tenure (room, apartment or house)				
Permanent housing for formerly hon SHP, S+C, or SRO Mod Rehab)			ch as		Substance abuse treatment facility or delox center				
Place not meant for habitation (a ve outside)	hicle or any	where				Transitional housing for in homeless youth)	homeless person	s (including	
HOUSING STATUS [All clients]									
Literally homeless					σ,	Housed and at-risk of los	Ing housing		
☐ Housed and at imminent risk of losin	g housing				ď	Stably housed			
D Don't know						Refused			
INCOME WITHIN THE LAST 30 DAYS	AMOUN	VT.	WHO	INCOL	ME WIT	HIN THE LAST 30 DAYS	AMOUNT	WHO	
☐ Allmony/spousal support				0 8	isevise	וכ			
☐ Cash assistance/TANF				D 1	Inempl	oyment			
☐ Child support						's Disability			
☐ Income from employment/wages						s Pension			
Pension from a former job			· · · · · · · · · · · · · · · · · · ·			S Compensation			
□ Retirement from Social Security			l		Olher; _				
TOTAL MONTHLY INCOME:	60			TOTA	AL ANN	IUAL INCOME: \$	0		
NON-CASH BENEFITS WITHIN THE LAST	30 DAYS		WHO .			Madian Control		WHO	
Food Stamps - Amount \$ 511			milk)			Medical Services			
Medicald Medicare		800	וצויה			d care Other TANF services	8	70.00	
State Children's Health Insurance (He	althy Start)					iF services			
□ WIC	July Start	-							
☐ WiC ☐ Temporary rent									

Catholic Charities - Ash

Region 5 INTAKE / HMIS ENTRY FORM 'ÎNTAKE DATE (mo/dy/year) PROGRAM ENTRY DATE COC LOCATION CODE AT TIME OF ENTRY 11-27-2014 □ BOS OH-507 □ Other HEAD OF HOUSEHOLD NAME (HOH) (First, MI, Last, suffix) SOCIAL SECURITY NUMBER DATE OF BIRTH (e.g., 10/23/1978) HMIS CLIENT ID # (Head of Household) 8-18-1982 VETERANS STATUS (HOH) ETHNICITY (HOH) GENDER (HOH) Did Not Serve in the US Non-Hispanic/Latino Male Transgendered female to male Military Served in the US Military W. Hispanic / Latino Female Transgendered male to female PRIMARY RACE (HOH) Check All That Apply American Indian or Alaskan Native Black / African American (B) Native / Hawallan/Other Pacific Islander (NH) (AVAN) Aslan (A) ø White (W) Refused Data Not Collected PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS: RELATIONSHIP TO HEAD OF HOUSEHOLD SERVED IN NAME RACE(s) (please choose from the selection above) SOCIAL SECURITY NUMBER HISPANIC (Y/N) DOB THE US GENDER (Y/N) -4-23-81 F -12 INFO NEEDED FOR HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS NAME CONDITION Duration Impairs Ability to Documentation of Receiving Longer Than 3 Live Disability & Treatment for this Months Independently Severity on File? disability? □Physical □Developmental ☐ Yes D No D Yes. D No □ Yes O No O Yes D No ☐Mental Health ☐HIV/AIDS □Alcohol & Drug Abuse □Drug Abuse □Physical □Developmental D Yes U No ☐ Yes -D No D'Yes DNo O Yes U No DMental Health DHIVIAIDS □Alcohol & Drug Abuse □Drug Abuse

Cotholic Charlie - Ash

Region 5 HMIS EXIT	FORM						
HEAD OF HOUSEHOLD CURR	ENT NAME (first, middle, last n	ame, suffix (e.g., Jr. Sr. III)	TO BOTH THE PARTY OF THE PARTY				
		(•			
ROGRAM EXIT DATE							
(-12 31 7	2014	HMIS Number	14607	2)			
Month Day	Year	2204	10-2				
REASON FOR LEAVING		9-131/14					
☐ Completed program		□ Non-compliance	aiffle was a second				
Criminal activity/violence		□ Non-payment of r					
Disagraement with pulse fact		□ Other	-				
Stadifical Will Tulbarper		☐ Reached maximum	m (Ime allowed				
□ Left for housing opp. Before □ Needs could not be met	completing program	☐ Unknown/Disappe	ared				
DESTINATION AT EXIT							
Emergency sheller, including in emergency sheller voucher		Psychiatric hospital or other psy	chiatric facility				
Foster care home or foster car	e group home	Rental by client, no housing sub	sidy				
☐ Hospital (Non-psychiatric)		Rental by client with other (Non Housing/Section B		ldy, I.e. Public			
☐ Hotel or motel paid for without	emergency sheller voucher	Rental by client, with GPD or TIP subsidy					
☐ Jall, prison or juvenile detention		Α					
☐ Long-term care facility or nursing	ng home	y will are modeling advantage					
Other HUD	· · · · · · · · · · · · · · · · · · ·	Residential project or halfway house with no homeless criteria Safe Haven					
☐ Owned by client, no housing su	bsidy						
☐ Owned by client, with housing s		The state of the s					
		☐ Staying or living in a friend's room, apartment or house					
Permanent housing for formerly SHP, S+C, or SRO Mod Rehab		Substance abuse treatment facility or detox center					
□ No Exit Interview	ntation	☐ Transitional housing for homeless	persons including	homeless youths			
Adults Only] ANY ADULT IN T	HE HOUSEHOLD GURRENT	TLY RECEIVING CASH INCOME FROM	AND government	1.			
Source		¥	AND SOURCE?	YES INO			
Alimony or other spousal support			Amount	Recipient(s)			
		☐ Social Security Income (SSI)	\$				
Cash assistance/TANF	\$	☐ Social Sec Disability Income (SSDI)	\$				
Child support	\$ 288	☐ Unemployment	\$				
Earned Income	\$ 1392.00	☐ VA Service Connected Disability	:\$				
Pension from a former job	\$	☐ Veteran's Pension	\$				
Retirement from Social Security	\$	☐ Worker's Compensation	\$				
Private Disability Insurance	.\$	☐ General Assistance	\$				
Other Sources? Source	\$	Other Sources?	\$				
OTAL MONTHLY HOUSEHOLD INC	OME \$						

Tost Strantad Workings

Cotholic Charities -

REGION 5 HMIS Data: INTAKE/ENTRY FORM

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	KE DATE (e.g., 05/2	4/2010)			PROGRAM EN	ITRY DATE					
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N.	H DAY	YE/	IR ···		MONTH	DAY		EAR	J		
		HEAD OF HOL	ISEHOLD CU	RRENT NAME (fir				EAR			
Firs	it name			The state of the	ou modio, tast ha	tie, suitix (e.g.	Middle Initial	0			
Las	t name			1				<u> </u>			
soc	IAL SECURITY NUM	BER			DATE OF BIR	TH (e.g. 10/2)	24070)				
						(c.g., 10/2	3/10/0)	000	1		
L			11. 1		Month Month	20	· 	955			
ZIP C	ODE OF LAST PER					Day T ID NUMBER		Year			
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DDM	ARY RACE			.: :		5 434	/				
	American Indian o	Alaskan Native (/	AI/AN)		White	040					
100000	Asian (A)		· · · · · · · · · · · · · · · · · · ·			/ Hawailan/Ot	her Pacific Isla	ander (NH)			
	Black / African Am	erican (B)		A A		(now or Refus					
SECO	NDARY RACE American Indian or	Alaska Mata	····								
0	Asian (A)	Avaskan Nauve (A	(I/AN)		□ White	(W) / Hawaiian/Ot	has Davids lake				
<u> </u>	Black I African Am	1		now or Refus		ander (NH)	-				
Ei	LITY WETERANS	TATUS	Santa (1)		GENDER						
	Hispanic / Latino	Non-Hispanic/	Latino		☐ Male ☐ Transgendered female to male						
	Control of the Contro			. 1 . 1	n the US Military □ Did Not Serve in the Military □ Female □ Tr						
PLEA		I .TIGILORIA									
		L HOUSEHOLD		PRIMARY	SECONDARY	1			CEDUCA		
	NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH		SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)		
G		SOCIAL SECURITY	DATE OF BIRTH	PRIMARY RACE (please choose from the selection	RACE (please choose from the selection	(Yes	GENDER M	RELATION- SHIP TO HEAD OF	IN THE US MILITARY		
G	NAME.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	RACE (please choose from the selection above)	(Yes . or No)		RELATION- SHIP TO HEAD OF HOUSEHOLD	IN THE US MILITARY (Yes or No)		
G	NAME.	SOCIAL SECURITY NUMBER 999-99-9999	DATE OF BIRTH 01/01/75	PRIMARY RACE (please choose from the selection above)	RACE (please choose from the selection above)	(Yes or No)	М	RELATION- SHIP TO HEAD OF HOUSEHOLD	IN THE US MILITARY (Yes or No) Y		
G	NAME.	SOCIAL SECURITY NUMBER 999-99-9999	DATE OF BIRTH 01/01/75	PRIMARY RACE (please choose from the selection above)	RACE (please choose from the selection above)	(Yes or No)	М	RELATION- SHIP TO HEAD OF HOUSEHOLD	IN THE US MILITARY (Yes or No) Y		
G	NAME.	SOCIAL SECURITY NUMBER 999-99-9999	DATE OF BIRTH 01/01/75	PRIMARY RACE (please choose from the selection above)	RACE (please choose from the selection above)	(Yes or No)	М	RELATION- SHIP TO HEAD OF HOUSEHOLD	IN THE US MILITARY (Yes or No) Y		
G	NAME.	SOCIAL SECURITY NUMBER 999-99-9999	DATE OF BIRTH 01/01/75	PRIMARY RACE (please choose from the selection above)	RACE (please choose from the selection above)	(Yes or No)	М	RELATION- SHIP TO HEAD OF HOUSEHOLD	IN THE US MILITARY (Yes or No) Y		
G	NAME.	SOCIAL SECURITY NUMBER 999-99-9999	DATE OF BIRTH 01/01/75	PRIMARY RACE (please choose from the selection above)	RACE (please choose from the selection above)	(Yes or No)	М	RELATION- SHIP TO HEAD OF HOUSEHOLD	IN THE US MILITARY (Yes or No) Y		

		File Checklist Client Name: HMIS Client ID # 15434 HMIS Entry Date: Service Provided: Rapid Re-Housing: Homeless Prevention Months Arrears (Month/Year): Assistance (Month/Year): 1/23456789 1011121344556789
		Previous HPRP /HSP Assistance Yes or No If yes, pull file for review for compliance and attached with new client file.
		*N/A should be
	1	CCAC Application & Client & Household Identification used for
		Authorization for Release/Exchange of Confidential Information uncheck areas.
	()	Other:
	2	2. /Eligibility Verification
		Staff Certification for Eligibility for HPRP
		Eligibility Summary
	9	3. Intake/Assessment
	1	Self-Sufficiency/Housing Barrier Matrix
		Supporting Documents /
	4	Supporting Documents Housing Verification Certification of Homelessness, or Self Declaration of Housing Status Skelta Letter/HMIS
-	. ,	Certification of Homelessness, or Self Declaration of Housing Status
		Eviction Notice/Supporting Documentation
	. (F	Third Party Documentation
		Lease/Supporting Documentation <u>Utility Shut Off Notice</u> Circle: Applicable or Not Applicable
	:	Auditor's site property search
	;	Rent Reasonableness
		MA Motel/Hotel Assistance Circle: Applicable or Not Applicable Moving Costs Circle: Applicable or Not Applicable Habitability Standards Inspection, If Applicable —copy to Fiscal
		Children in household under the age of 6 years old Circle: Yes or No
		Lead Based Paint Inspection, If Applicable- Copy to Fiscal
	5	. Income Verification
	, 12. , 13.	Verification of Income, or Self Declaration of Income
		CCAC Budget Calculator Form NA
	1.	Supporting Income Documentation/Verification of Assets
	6	Services
	(A)	Client Action Plan
	7	HMIS Change Status For Financial Documentation
	7	HIMIS Financial Assistance Form- Green
	• +	Landlord Letter
	, I	Supporting Documentation
	<u>8</u> .	HPRP Exit/Closure
	er	HMIS Exit Form - Pink
		HPRP Self-Sufficiency/Housing Barrier Matrix
		HPRP Self-Sufficiency/Housing Barrier Matrix – Due 6 months after closure Date:
		Other:

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Sams County			E Maio					
Section Sect	dams County		W20-101	Name and Address of the Owner, where				4 Bedroor
Abhand County Abhand County, OH Abhand County, OH Abhand County, OH Abhand County, OH Abhand County, OH Abhand County Abhand Cou	The state of the s		COVACTOR OF		A PROPERTY AND INCOME.	\$61	The state of the s	82
Albers County Maries County Mesengy Worth MAX 11				-		564		
Minist County				07UU	The state of the s	And the second second second		The last of the la
Minimant County		Athens County, DH		\$566	-		The second lines of the second	THE PERSON NAMED IN
### County Wheeling, WY-OH MSA ### County Chefmant-Middleton, OH-KF-IR HUD Metro FMR Area ### County Chefmant-Middleton, OH-KF-IR HUD Metro FMR Area ### County	្រង់រដ្ឋានិមិញស្រ _ា ំង	Aughtize country city		orb contra				
Latter County Concent And Middleton, CHAY-NI NUD Metro FAR Area Amappaign County Charles County			ferrospe.	Š				
Campaign County		Brown community and the Manyara Manyara and the state of		ž				
Commission County	itler County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	The second secon	2				
Common County								
Committee County Committee County								
Description			re (E. r. G. argecta					
Distribution Country		Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area						
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County	olumbiana County							
All County Defect County D		Bomeston county (1):						
arke County Darke County Calumbus, OH HUD Metro FMR Area								
Columbus, OH HUD Metro FMR Area								
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Application	THE REAL PROPERTY OF THE PARTY							
April County Columbus OH UNIVERSITY Columbus OH UNIVERSITY Columbus OH UNIVERSITY Columbus OH UNIVERSITY OH OH OH OH OH OH OH O		Columbus, OH HUD Metro FMR Area						
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County C								
Allia County		A LEVETTE COUNTY POR TO THE PROPERTY OF THE PR						
Sallia County		Cournbus, OH HUD Metro FMR Area	23 Annie de la constante de la					
Teene County								
Internation Dayton, OH HUD Metro FMR Area Mail Schill			Stripes of the					
Addition County		Dayton Ol UI D Adoto CARD Asses	THE WHITE THE					
Immitted Country		Chicago Anna Metro Pink Area		\$483	\$543	transport de marches, des bes	***	31,0
Internal County		Circlonati-Middleton OH-W-IN UIID Makes SAR Assa	Se ballion and	1305				ACCEPTANT TO A STATE OF
Hardin County Hardin County, OH		Haprockiration my	TOTAL TRANSPORT	Name and Address of the Owner, where	Section of the last of the las	PROPERTY AND CALD OF THE PARTY.		THE OWNER OF PERSONS IN PROPERTY.
Section Sect			whitehall was true	400		The state of the s		The second of the last
Henry County Henr				240Z	34/9	Drawns or white or the work war.	Control speed from board agent 2011	DEC DE LES COMMON AND A MARK
		And the state of t	Spiritual Staffer	5474		- The second second		The state of the s
Hocking County Hocking County, OH	li blanc County		THE POST OFFICE AND	CONTRACTOR OF	THE PARTY OF THE P	A STATE OF THE PARTY OF THE PAR	CHILD THE STATE OF	
Similar Simi	locking County	The state of the s	The Standard party and the party and	extension of the	THE PERSON NAMED IN STREET		The second second second second	and of the same of
Huron County	folmes County	- I was a seed on the second of the second o	THE REAL PROPERTY.	- ma -ma	3400	The state of the s	The state of the s	
### County Steubenville-Weirton, OH-WW MSA \$432	luron County		Street, Square or other land	CALL DE	2464	A MARKET AND REST OF THE PARTY AND A PARTY	The state of the s	
### Stephen County Stephen Alle Welrton, OH-WW MSA \$432 \$499 \$614 \$823 \$590	adkonteamoris	e lank on Goodly, ohr s	ing original season of the latest of the lat	0496	and the second district of the second	THE RESERVE AND ADDRESS OF THE PARTY OF THE		200
Age County	efferson County	Steubenville-Weirton, OH-WV MSA	The Manhaman and Apple	\$432	and bedrain-and Africa refer	THE PERSON NAMED IN	manuscript de la company de la	Design Albert Aus man car of
Ceveland-Elyria-Mentor, OH MSA 3493 3592 3750 31,005 3	no enny	GDAGOUNG/PRODUCTION TO THE STATE OF THE STAT	Name and Address of the Owner, when the Owner, which	description to	String Street Workshop		***	
Part Part		Cleveland-Elyria-Mentor, OH MSA		7.0	\$592	\$75		THE PERSON NAMED IN
Columbus, OH HUD Metro FMR Area \$498 \$620 \$806 \$1,039 \$1,2		THE HAR COOP CONTROL WAS TO THE W		\$383			1 (270)	
Deart County				\$498	\$620	082	6 \$1.039	
Columbux				\$4635	nest of organization from	\$63	CK3	THE RESERVE TO STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
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Martin County				\$498	\$620	\$80	6 \$1,039	
Warion County Marion County 5480 \$545 \$700 \$928 \$1,0 Weight County Melgs County Melgs County \$100 \$10				SISH.	\$515	\$62	### F \$140	PROPERTY OF THE PERSON OF THE
Melgs County		Marion County, OH			\$545	\$70	3928	
Mer/Cer County Mer/				\$493	11 (8)39	\$75	0	
Marking unicounty			E ROME BY MANAGEMENT	American to another A	\$463	\$61	4 \$798	
Mamil County				-	5/15/1	\$61	(U \$880	38 SB
Montgomery County	Andrew at the same late of the same late				\$543	\$71	2 \$953	HATT COURT OF SECTION
Morganic County	demand at an Spice of the spice in the party of the spice		TANK TANK THE	Land, William	and the second of the second o	COMPANY THE PROPERTY OF THE PARTY OF THE PAR		38
MORRALCOUNTY	Burney Branches and Australia and Art Property Commences in the Commences in the Commences in the Commences in the Commences in the Commences in the Commences in the Commences in the Commence in the Commences i	payron, OH HUD Metro FMR Area	The same of the sa	\$483	\$543		2 \$953	
Muking time county Mobile County CS18 CS28 CS28 <t< td=""><td></td><td>MORRAIGOUNTY DISTANCE TO A STATE OF THE STAT</td><td></td><td>\$455</td><td>\$500</td><td>THE RESERVE TO SHARE THE PARTY OF</td><td>CONTRACTOR BY THE REAL PROPERTY OF THE PERSON OF THE PERSO</td><td></td></t<>		MORRAIGOUNTY DISTANCE TO A STATE OF THE STAT		\$455	\$500	THE RESERVE TO SHARE THE PARTY OF	CONTRACTOR BY THE REAL PROPERTY OF THE PERSON OF THE PERSO	
Noble County Noble County, OH \$478 \$481 \$614 \$845 \$35 Ottawal County \$6000000000000000000000000000000000000		COUNTRY, OF THE METO FMR Area	C CONCER, SECURE	Antone	p. Strage of Street, S	THE PERSON NAMED IN COLUMN	COLUMN TO A STATE OF THE PARTY	
1016 W 2 COUNTY 1016 O COUNTY	Noble County				the line bear Mart And Andread Control of	CONTRACTOR STATE	and a comment of a comment of the co	\$1.0
Paulding County	PROPERTY OF THE PROPERTY OF THE PARTY OF THE					\$61	P. STREET, C. P. VIII	59
Pauliding County Pauliding County, OH \$417 \$486 \$614 \$785 \$5	the state of the s		-	a house forms arts	STATE OF THE PERSONNEL	369		STATE OF THE PARTY

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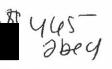
Lake OD

REGION 5: HCRP Recertification Form (Complete a new form for each scheduled recertification)

ا کا کا	Number in Household Date of Month 3 Income Review Only Complete Income Section If Income Has Changed INCOME WITHIN THE LAST 30 DAYS AMOUNT	Area M Date of BIRTH S Changed	Aedian Incom \$72.00 (if Month 6 In	Area Median Income for Household <30%. \$72.00 (MMMMM) Date of Month 6 Income Review Date contents ATE OF RECEDENCY (Ves or No) BIRTH RACE SECONDARY (Ves or No) 1964 DATE OF NO INCOME WITHIN THE LAST 30 DAYS	PAN Ves	er: <30% Area Median Income \$ 3, 2,00 Date of Month 9 Income Review RELATION-SHIP VETER TO HEAD OF (adults of HOUSEHOLD) HOUSEHOLD Yes or I	me Review VETERAN (adults only Yes or NO)
ای این	Sehold 3 Income Review 3 Income Review 50 14 SOCIAL SECURITY NUMBER THE SECTION IF Income Has	Area M Date of Date of BIRTH SChanged	edian Incom	Come Review secondary RACE COME WITHIN THE LA	Yes	a Median Inco	
ا الا الا	3 Income Review O	Date of DATE OF BIRTH S Changed	Month 6 In	SECONDARY HIS RACE O COME WITHIN THE LA	Date of IV SPANIC (Yes or No)	Ionth 9 Incom RELATION-SH TO HEAD OI HOUSEHOLL	Review Nesonly Yes or No)
8 8	SOCIAL SECURITY NUMBER ME Section If Income Has	BIRTH BIRTH Changed:	PRIMARY RACE	SECONDARY HIS RACE O COME WITHIN THE LA			
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	E LAST 30 DAYS	AMOUNT		COME WITHIN THE LA			
			WHO INC		ST 30 DAYS	AMOUNT WHO	
	support			oss/iss □			
[ANF			☐ Unemployment			
K COOL Support				☐ Veteran's Disability		-	
Income Changed?	oloyment/wages	*]	☐ Veteran's Pension		-	
Yes (No) Dension from a former job	rmerjob			☐ Worker's Compensation	ion		
☐ Retirement from Social Security	Social Security			□ Other:			
Only Complete Benefi	Only Complete Benefits Section if Non-Cash: Benefits Have Changed	Benefits Have	Changed				
Non-Cash Benefits at NON-CASH BENEFITS	TS.		WHO				WHO
Recertification:	- Amount \$			•	TANF transportation services	ses	
. Medicaid					Other TANF services		
□ Medicare				☐ Temporary rent	ry rent		
Renefits Changed? State Children's	State Children's Health Insurance (Healthy Start)	· Start)		□ Veteran's	Veteran's medical services		
	Section 8, Public Housing, Rental						
	re			Other:			
Household Recertification: (Yes/ No		Re	ecertification	Recertification Completed by:	ANNA C	AWK	



ń.



LLUD/Effective Date:			7 7 270 T			
County	Area Name	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	Bedroom
Adams County	Adams County, OH	\$417	\$486	\$614	\$778	\$821
Allen County Ashland County	Limp) DH MSA	\$486	THE REST LABOR TO SHARE THE PARTY OF THE PAR	363	3381(65	\$888
Ashtabula Gounty	Ashidabila Godey Okt	\$381	\$503	\$641	\$907	\$948
Athens County	Athens County, OH	\$100 \$566	\$475 \$591	\$618 \$701		[882
Avglaize County	AUghteromy, el	\$380	\$495	\$701	\$882 \$882	\$937 \$1,038
Belmont County	Wheeling, WV-OH MSA	\$466	\$493	\$614	\$788	\$821
Brown County	Brown County, EHEAUD METO HMBIAICA	3365	-j-/1=j0074	S614	3821	1502
Butler County Cartoli County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Champaign County	Ganton-Mas Allomorial Sa Champaign County, OH	A PARTIES	2002	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED	(\$870)	\$93
clark county	Spanificación MSA*	\$400 \$486	\$502 \$547	\$614 \$213	\$905	\$976
Clermont County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$939 \$1,018	21,030
Clinton County	e noncounty of the state of the	\$470	\$479	3/3/	31,018	\$1,121 31,010
Columbiana County	Columbiana County, OH	\$391	\$476	\$614	\$813	2890
Coshocron-County	Pastoobnicomy et a series of the series of t	54500	1481	\$614	\$846+	¥\$86)
Crawford County Cuyahoga County	Crawford County, OH GEVELORDE TOTAL Mentors OFF YEAR	\$383	\$461	\$624	0882	\$883
Darke County	Darke County, OH	\$493	1892	3.750	\$1,005	3100
Defrance County	Debania County OH	\$449 0485	\$506 \$376	\$614	\$887	\$997
Delaware County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,045
	Sangusky, Orlinisa	\$474	\$ 3635	work on a back and a fault of	\$1,039	\$1,202
Fairfield County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Franklin County	TVSITe County (Skill 1997)	地域	\$518	\$701		\$4,035
Eulton County	Columbus, OH HUD Metro FMR Area Toledo, OA HASA	\$498	\$620	\$806	\$1,039	\$1,202
Gallia County	Gallia County, OH	\$403	25165	1617		\$968
Geauga County	(Saveland-Elyifa Mentory OH MSA., 1991)	\$417	\$494	\$614 \$250	018 2	\$914
Greene County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$712	\$953	\$1,068
Guernsey County	Guernsey, county Old The County of the County Old T	\$365		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$767	\$856
Hamilton County Hancock County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Hardin County	Hancock County, DH Hardin County, OH	1384	21912	AND THE PERSON NAMED IN	3919	\$949
the truck and a mark truck	Bankon County, OR	\$402	\$479	\$614	\$848	\$1,022
Henry County	Henry County, OH	\$424	\$515	\$624	\$874 E	\$800
Rigifland County	Heilandiformy, OR.	33/3	\$460	3024	\$906 \$765	\$1,105
Hocking County	Hocking County, OH	\$417	\$480	\$614	\$815	\$821
Holmes County	namericounty, of	SA17.	\$475	3804	\$7.0	\$821
Huron County Jackson County	Huron County, OH Lackson County, OH	\$365	\$464	\$614	\$862	\$972
Jefferson County	Steubenville-Welrton, OH-WV MSA	A30	3513	\$813	13810	\$824
Кприссоциту	KODX COUNTY, CITIES TO THE STATE OF THE STAT	\$432	\$499 \$133	\$614	\$823	\$943
Lake County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	3966
Lawrence Gounty	Huntington-Astrandi XVV-KY-OH NSA	\$383	35231	\$643	3849	\$1,037 \$1,037
Licking County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Logan County	Ingen County OH Cleveland-Byrla-Mentor, OH MSA	. \$463	S466	\$631	58374	\$966
Lucasicounty	TOROGO DI MSA	\$493	\$592	\$750	\$1,005	\$1,037
Madison County	Columbus, OH HUD Metro FMR Area	\$498	\$516 \$620		3913	
Mahoning County	Youngstown-Werren-Boardhah, OHH DD Meiro FMh Area	\$454		\$806 \$637	\$1,039	\$1,202
Marion County	Marion County, OH	\$480	\$545	\$700	\$928	\$888
Medina County	GEVELENCE BY LET MENIOT FOR MISA	3/193	\$192	\$750	TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS	\$1,037
Melgs County Mercer County	Melgs County, OH	\$417	\$463	\$614	\$798	\$932
Mlami County	Mercel Colloty, OH Dayton, OH HUD Metro FMR Area	E 18417	\$454	\$614	\$850 H	6853
Monroe County	Monroe County (b):	\$483 \$417	\$543	\$712	\$953	\$1,068
Montgomery County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$614% \$712	and the same of th	582
Morgan County	Morgan County, OH	\$485	WICE CONTRACTOR OF THE PARTY OF		\$953 \$905	\$1,068
Morrow County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Muskingumicounty	Muskingum capnity, OH;	10008	\$518			\$1,002
Noble County Ottawa County	Noble County, OH Toledo, OMMSA	\$478	\$481	\$614	\$845	\$901
Paulding County	Paulding County, OH	\$403	1516	in Italian	\$913	\$966
6	I B matrix out	\$417	\$486	\$614	\$785	\$821